

# **SAFETY FIRST**

## **2002 ACTION PLAN**

Missouri Department of Mental Health  
Division of Mental Retardation and Developmental Disabilities  
Habilitation Centers

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# SAFETY FIRST

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**SECTION I:**

**SAFETY FIRST  
PLAN**

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## SAFETY FIRST 2002 ACTION PLAN

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### BACKGROUND:

In January and February 2002, the Missouri Department of Mental Health – Division of Mental Retardation and Developmental Disabilities developed a report entitled *Habilitation Center Plan to Address Alleged Physical and Sexual Aggression*. (See Attachments A and B.) In developing this plan, the Division's Deputy Directors and Habilitation Center Superintendents committed to strengthen and enhance existing systems by focusing on several areas which might be expected to positively impact aggression and the facilities' responses to it. The resulting *Safety First* initiative has involved policy development, training, and quality assurance strategies. Habilitation Center Superintendents and quality assurance staff drafted numerous materials and made recommendations to the Division's Deputy Directors. The Deputy Directors established policy and directed the overall implementation of the *Safety First* initiative.

### SAFETY FIRST ACTION STEPS:

IMPACT AREA	DESCRIPTION OF ACTION TAKEN
<b>Client Attendant Trainees (CATs)</b>	A procedure was developed which included training requirements and supervisor review and approval prior to a CAT working alone with consumers. Additional training requirements and approval are required before a CAT is assigned to work with a consumer at an increased level of supervision. Habilitation Center staff is being trained on implementation. (Effective May 1, 2002)
<b>Behavioral Risk Screening &amp; Assessment</b>	A list of assumptions about behavioral risk screening and assessment was developed. A previously existing administrative rule was rescinded. A Behavioral Risk Screening instrument and instructions were developed for use with consumers who do not have forensic issues. A habilitation center procedure and a Department Operating Regulation on risk screening and assessment were developed for consumers with either forensic or behavioral issues. Staff is being trained on the procedure and screening instrument. (Effective April 15, 2002)
<b>Levels of Supervision</b>	Definitions were developed for behavioral and medical levels of supervision. Information on these definitions is being incorporated into training at the habilitation centers. (Effective June 1, 2002)

IMPACT AREA	DESCRIPTION OF ACTION TAKEN
<b>Shift Change</b>	A procedure on shift change was developed for use in habilitation centers, which requires facilities to include common information on their shift change communication sheet. The habilitation centers are providing training for staff on the procedures and modifying their shift change communication sheet. (Effective July 1, 2002)
<b>Supervisory Checks</b>	A document was developed which describes staff rounds in habilitation centers. Multiple staff makes rounds at varying frequencies for different reasons. The accompanying graphic lists key areas considered by all staff when making rounds.
<b>Sexual Aggression and Sexual Activity</b>	A procedure was developed and implemented on reporting alleged sexual aggression and sexual activity. Staff at all of the habilitation centers was trained. Minor revisions have been made to the procedure that will be implemented May 1, 2002. Procedures have also been developed to structure the evidence collection process and to guide the response of habilitation center staff in dealing with victims of sexual aggression or sexual abuse (i.e., advocates present during exams, counseling, safety training, etc.). Staff is currently being trained and the procedures will be implemented by June 1, 2002.
<b>Rights</b>	The Division will undertake a review of policies and procedures in the area of rights protections for consumers with significant behavioral support needs. A statement of the problem and related issues has been developed. Rights policy will be developed following a more thorough analysis of related issues.
<b>Quality Assurance Audits</b>	Each of the habilitation centers has quality assurance audits that they conduct on a regular basis. The center's quality assurance staff developed a standardized Level of Supervision Audit and protocol that will be implemented May 1, 2002. A more expansive Safety First audit tool will be developed through the QHAB group.
<b>Trending &amp; Analysis</b>	Habilitation center quality assurance staff (QHAB) has agreed to develop statewide trend reports on issues related to physical and sexual aggression. Information may be based on the Levels of Supervision audit, the expanded Safety First audit, reports from Incident and Investigation Tracking System (iITS), or information from other sources. In addition, the QHAB group will trend information from the ICF/MR data- base. These reports will be phased in over time beginning approximately 3 months after the implementation of the audits.

IMPACT AREA	DESCRIPTION OF ACTION TAKEN
<b>ICF/MR Compliance</b>	ICF/MR certification remains a top priority for the habilitation centers. The ICF/MR standards deal with many issues related to rights, behavioral support, and active treatment. The Division has held conference calls with the regional and national CMS (Centers for Medicare and Medicaid Services) offices seeking guidance on these issues. Additionally, the Division sponsored a regional CMS conference that addressed survey trends in this area and abuse and neglect prevention. The Division has begun sharing habilitation centers ICF/MR survey reports across facilities.
<b>Ongoing Systems Analysis</b>	The Habilitation Center Superintendents and Quality Assurance Officers conducted a root cause analysis. The intervention areas included in the Safety First initiative grew out of this analysis. In addition, the Division is committed to ongoing review of policies, procedures and sentinel event analysis through a series of meetings between the facility superintendents and quality assurance staff. These meetings will be held approximately quarterly. The Superintendents have also identified a number of additional factors that effect aggression and the response to it. They will research these areas, develop position statements, and, where appropriate, fiscal impact projections. The Superintendents and Quality Assurance Officers will develop habilitation center procedures and related training and quality assurance activities in the area of abuse prevention. This shall include training for consumers on preventing, recognizing and reporting abuse.
<b>Communication &amp; Partnerships</b>	The Division's Deputy Directors are developing a plan to target development of closer partnerships with other agencies or organizations that are involved in dealing in some way with issues of aggression or forensic commitment. The Division is working to enhance ties to several national organizations that deal with similar issues.

As a result of work in the areas described above, a number of new forms, protocols, and procedures will be developed. Following six to twelve months of use, they will be reviewed to determine their effectiveness. Any needed revisions will be made and changes implemented.

## **MANUAL OUTLINE:**

The remainder of this manual is divided into three sections as follows.

### **Section II:    Habilitation Center Actions**

This section is subdivided into some of the areas discussed above including Client Attendant Trainees, behavioral risk, levels of supervision, shift change, supervisory checks, rights, alleged sexual abuse, sexual aggression and sexual activity, incident and injury, and quality assurance audits. A brief introduction to each subsection describes commitments made in the ***Habilitation Center Plan to Address Physical and Sexual Aggression***. Each section includes all documents developed to date to address these impact areas.

### **Section III:   State Level Actions**

This section includes discussion of related statewide tasks. It is subdivided into four areas including quality assurance trending and analysis, ICF/MR compliance, ongoing systems analysis, and communication and partnerships all of which were issue areas identified during the root cause analysis. Each section includes a list of commitments made in the ***Habilitation Center Plan to Address Alleged Physical and Sexual Aggression*** and a description of actions being undertaken to address these impact areas.

### **Section IV.    Appendices**

This section contains all of the supporting documents referenced in the previous sections. Both the ***Habilitation Center Plan to Address Alleged Physical and Sexual Aggression*** and the corresponding ***Executive Summary*** are included.

**SECTION II:**

**HABILITATION  
CENTER  
ACTIONS**



## SECTION II: HABILITATION CENTER ACTIONS

The Habilitation Center Superintendents and quality assurance staff have held a series of meetings to develop the Safety First Plan. They took a number of immediate action steps to strengthen the current system by December 31, 2001. In addition, they have developed strategies to further enhance the system to promote consumer safety. This section will summarize the actions already taken in accordance with the *Habilitation Center Plan to Address Alleged Physical and Sexual Aggression* and those which are currently being put in place. Documents are organized by intervention area. Within several of the areas there are both policy and training initiatives.

Material incorporated into this section of the Safety First Plan includes the following.

- A. Use of Client Attendant Trainees.** Client Attendant Trainees (CATs) are entry-level staff that is trained to work with the consumers supported by the habilitation center. Habilitation Center Superintendents developed a policy on the use of CATs and provided this information to staff that will be supervising them.
- B. Risk Screening & Assessment.** Screening and assessment tools are used to determine whether a person supported by the habilitation center might present a risk to themselves or others. Separate instruments are used for persons with and without a forensic history. The Habilitation Center Superintendents, a psychiatrist, two psychologists, and quality assurance staff developed a risk screening tool and a procedure for use of both screening and assessment tools. Additional facility psychology staff then reviewed the screening tool. An existing administrative rule was rescinded, a Department Operating Regulation was written to revise and replace the rule, and a standardized habilitation center procedure was developed. Staff are being trained on the procedures and are beginning to use the assessment instruments.
- C. Levels of Supervision.** Habilitation Center Superintendents and quality assurance staff, with participation from a psychiatrist and psychologist, developed definitions for both behavioral and medical levels of supervision.
- D. Shift Change.** Shift change communication procedure was written and common information identified that will be included on each habilitation center's Shift Change Communication Sheet. Facilities are training staff on the procedure and revising their shift change communication sheet.
- E. Supervisory Checks.** Habilitation Center Superintendents and quality assurance staff developed a document describing habilitation center rounds that are performed by various staff at different intervals for a variety of reasons. All rounds focus on four key areas which are depicted on an explanatory graphic developed by the group.

**F. Sexual Aggression and Sexual Activity.** Habilitation Center Superintendents developed and implemented a procedure on reporting alleged sexual aggression and sexual activity. They have made minor revisions to the procedure and will begin implementing the changes. In addition they have developed procedures on evidence collection and victim response.

**G. Rights, Informed Consent & Due Process.** It is sometimes necessary to restrict the rights of a consumer when dealing with physical and sexual aggression. Protecting others in the consumer's environment while safeguarding the individual's rights, and assuring continued compliance with ICF/MR regulations can be challenging. This is accomplished by providing the individual an opportunity to learn alternative behaviors and by assuring informed consent and due process rights are protected. The superintendents and quality assurance staff developed an issues statement. A policy shall be developed to assure ICF/MR compliance when safety concerns necessitate the use of restrictive procedures and to assure consumer's rights are protected.

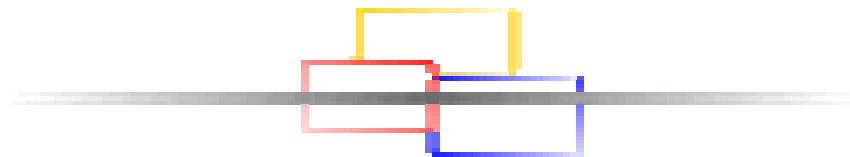
**H. Quality Assurance Audits.** A Levels of Supervision audit was developed. The QHAB group will, over time, work to expand this to a more all-encompassing Safety First audit. Each of the habilitation centers conducts a variety of other audits, including an Active Treatment audit. QHAB will undertake a review to determine whether portions of these audits need to be more standardized.

The remainder of Section II of this document is divided into subsections related to the areas described above. Each subsection includes a brief introduction that re-caps the action steps the Division committed to in the Habilitation Center Plan to Address Alleged Physical and Sexual Aggression, a short summary of actions taken, and a list of the materials included in the subsection. The materials were developed to assure that all habilitation centers address common issues in the same manner. Some of the types of materials found in the remainder of this section include procedures, forms, protocols, audit collection tools, screening instruments, and explanatory materials. The forms contained herein are seen as templates. The habilitation centers must use the basic form, but may choose to add to it.

# **SECTION II A**



## **Use of Client Attendant Trainees (CATs)**



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## SECTION II.           HABILITATION CENTER ACTIONS

### A.       USE OF CLIENT ATTENDANT TRAINEES

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#### INTRODUCTION:

The *Habilitation Center Plan to Address Alleged Physical and Sexual Aggression* stated that the habilitation centers would undertake the following actions with relation to the use of Client Attendant Trainees (CATs).

- Develop standardized policy that “*delineates a decision making process for determining when a CAT can work alone without other staff present and when they meet criteria to provide a one on one level of supervision for a resident*”.
- “Train staff on the implementation of the uniform policy”.

A uniform procedure has been developed for use in all habilitation centers. This procedure entitled, *Client Attendant Trainees*, is included in this section. Superintendents are assuring that all appropriate staff is trained on the procedure. A companion checklist was also developed to assure that all necessary pre-requisites are covered before the CAT is approved to work alone with consumers. The procedure and template will be implemented by May 1, 2002.

#### MATERIALS INCLUDED IN THIS SECTION:

- Habilitation Center Procedure: *Client Attendant Trainees*
- *Client Attendant Trainee Checklist*

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## HABILITATION CENTER PROCEDURE

### CLIENT ATTENDANT TRAINEES

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<b>PURPOSE:</b>	Prescribes procedures for the use of Client Attendant Trainees (CATs)
<b>APPLICATION:</b>	Applies to all Division of Mental Retardation and Developmental Disabilities Habilitation Centers
<b>EFFECTIVE DATE:</b>	May 1, 2002

#### DEFINITIONS:

- 1. Client Attendant Trainees:** Missouri Merit System job classification for employees hired to work directly with consumers served by the Division. Employees in this job classification are commonly known as CATs and are not required to have prior experience in working with individuals with developmental disabilities.
- 2. Consumer:** Individual receiving services from any facility operated by the Department of Mental Health, otherwise referred to as client, resident, or patient.
- 3. Increased Level of Supervision:** Determination made by the consumer's Interdisciplinary (ID) Team based, in part, on risk screening or assessment. The ID team may prescribe closer supervision for the consumer than is typical because the consumer presents a higher level of risk. This could include one to one staffing or greater, close proximity or priority observation for behavioral reasons. The physician or advanced practice nurse may prescribe episodic one on one for health care reasons.
- 4. Qualified Staff:** Staff of the habilitation center who are qualified to work alone with consumers living there. This requires a Merit System classification of at least Developmental Assistant or a Client Attendant Trainee who has met the criteria listed in this procedure.

## PROCEDURE:

1. Client Attendant Trainees shall not work alone with consumers living at the habilitation center unless another qualified staff is present with them at all times until the CAT has met the requirements of this procedure.
2. Supervisory and management staff, as assigned by the Superintendent, shall complete the ***Client Attendant Trainee Checklist*** documenting successful training experiences and observation of CAT performance on the job. They shall signify their authorization for the CAT to work alone with consumers with and without increased levels of supervision by signing and dating the checklist.
3. After demonstration of successful daily job performance, Client Attendant Trainees may work alone with consumers who are not at an increased level of supervision only after the CAT has successfully completed training in the following areas and received the written approval of the assigned supervisor.
  - a) Abuse and Neglect
  - b) Client Rights
  - c) Communication and Documentation Skills
  - d) CPR
  - e) Fire Safety and Disaster Training
  - f) First Aid
  - g) Incident and Injury
  - h) Individual Planning (General)
  - i) Shift Reporting
  - j) Sexual Aggression & Sexual Activity
  - k) Levels of Supervision
  - l) Crisis Prevention Intervention (CPI) or Mandt Training
4. After continued demonstration of successful job performance, Client Attendant Trainees may work with consumers at increased levels of supervision only after having successfully completed the following additional training and after having received the assigned supervisor and manager's written approval.
  - a) Behavior Support Plan (Specific to the consumer.)
  - b) Individual Plan (Specific to the consumer.)
5. The Habilitation Center Superintendent may require additional training above and beyond the core requirements listed above.
6. Habilitation Center Superintendents shall assure that all supervisors receive training on this procedure.

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**Department of Mental Health  
Division of Mental Retardation and Developmental Disabilities and  
Habilitation Center**

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**Client Attendant Trainee (CAT) Checklist**

**Client Attendant Trainee Name:** \_\_\_\_\_

**Part I: REQUIREMENTS FOR WORKING ALONE**

Requirement	Date Completed	Comments
<b>I. Training:</b>		
• Abuse & Neglect		
• Client Rights		
• Communication & Documentation Skills		
• CPR		
• Fire Safety and Disaster Training		
• First Aid		
• Incident & Injury		
• Individual Planning (General)		
• Shift Change Reporting		
• Sexual Aggression and Sexual Activity		
• Levels of Supervision		
• CPI or Mandt		
<b>II. Job Performance:</b> (Supervisor's comments must be based on visual observation of the CAT's actual job performance. Comments must include if job performance is adequate and an explanation of the rating.)	<b>Comments:</b>	
<b>III. Supervisor Authorization:</b>  <div style="display: flex; justify-content: space-between;"> <div><b>Signature:</b></div> <div><b>Date:</b></div> </div>		
<b>IV. Management Authorization:</b>  <div style="display: flex; justify-content: space-between;"> <div><b>Signature:</b></div> <div><b>Date:</b></div> </div>		

## Part II: REQUIREMENTS FOR SUPPORTING A CONSUMER AT AN INCREASED LEVEL OF SUPERVISION

A Client Attendant Trainee must first receive approval from the assigned supervisor to work alone with a consumer, then spend additional time completing the following requirements before being eligible to support a consumer at an increased level of supervision. Supervisory and management staff assigned by the Habilitation Center Superintendent must also signify approval by signing and dating the form.

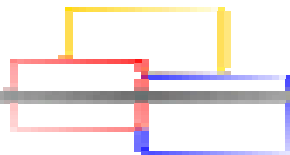
Requirement	Date Completed Successfully	Comments
<b>I. Training:</b>		
<ul style="list-style-type: none"> <li>Behavior Support Plan (Specific to the consumer.)</li> </ul>		
<ul style="list-style-type: none"> <li>Individual Plan (Specific to the consumer.)</li> </ul>		
<b>II. Job Performance:</b> (Supervisor's comments must be based on visual observation of the CAT's actual job performance. Comments must include if job performance is adequate and an explanation of the rating.)	<b>Comments:</b>	
<b>III. Supervisor Authorization:</b>  <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 60%;">Signature:</div> <div style="width: 35%;">Date:</div> </div>		
<b>IV. Management Authorization:</b>  <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 60%;">Signature:</div> <div style="width: 35%;">Date:</div> </div>		

NOTE: This checklist serves as documentation of the facility's implementation of the Habilitation Center procedure entitled, Client Attendant Trainees. CATs must meet certain requirements before working alone with consumers and supporting consumers at an increased level of supervision. Both the assigned supervisor and manager must signify approval by signing and dating the form.



# **SECTION II B**

## **Risk Screening & Assessment**



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## SECTION II. HABILITATION CENTER ACTIONS

### B. RISK SCREENING AND ASSESSMENT

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#### INTRODUCTION:

In accordance with the *Habilitation Center Plan to Address Alleged Physical and Sexual Aggression* the habilitation centers took the following steps prior to December 31, 2001.

- Assured that appropriate clinicians were trained in the use of the *Integrated Risk Assessment* tool,
- Used the *Integrated Risk Assessment* tool to screen all new admissions of consumers with a history of forensic issues,
- Conducted periodic reassessment of previously identified consumers with a history of forensic issues using the *Integrated Risk Assessment* tool, and
- Submitted data identifying persons who are at risk.

The plan also stated that the habilitation centers would enhance risk screening and assessment procedures by taking the following actions:

- *The Division will develop a behavioral risk screening instrument for use in all habilitation centers.*
- *The Division shall require completion of risk screening and assessment tools and, as appropriate, shall assure use of information obtained from these by the Interdisciplinary Team in program planning.*

The habilitation centers not only developed a uniform behavioral screening for non-forensic consumers, but also took a number of additional steps. These steps are reflected in the documents incorporated in this section.

## **MATERIALS INCLUDED IN THIS SECTION:**

- **Behavioral Risk Screening Assumptions:** Habilitation Center Superintendents and quality assurance staff agreed to a set of assumptions about behavioral risk screening to guide the development of a tool and procedure.
- **Behavioral Risk Screening Tool (BRS):** Staff developed a standardized tool for screening non-forensic consumers. This instrument will be used by all habilitation centers. (Effective: April 15, 2002)
- **Behavioral Risk Screening Instructions:** Instructions for the completion of the *Behavioral Risk Screening* tool. (Effective: April 15, 2002)
- **Habilitation Center Procedure on Risk Screening and Assessment:** Staff developed an interim procedure to be put in place while rescinding an old regulation and replacing it with a new Department Operating Regulation. (Effective: May 1, 2002)
- **Proposed Department Operating Regulation on Risk Screening and Assessment Procedures:** The Habilitation Superintendents and quality assurance staff agreed on a proposed department operating regulation to replace the rescinded Administrative Rule. This rule must be submitted to and approved by the Regulation Review Committee.

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## **Division of Mental Retardation and Developmental Disabilities**

### **Habilitation Centers**

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#### **Behavioral Risk Screening Assumptions**

- Utilization of risk screenings will be standardized statewide for all state operated habilitation facilities.
- The Behavioral Risk Screening (BRS) will be completed for all new admissions to habilitation centers.
- All individuals that have a history of behavioral issues, who are currently residing in habilitation centers, will have the BRS completed before their next quarterly Interdisciplinary Team (ID Team) review.
- Initial screenings that result in a determination of a high or moderate risk level will be reviewed and used by the ID Team to make a determination of the level of supervision needed.
- Following an incident of moderate or high risk regarding an individual who is currently not at an increased level of supervision, the ID Team will review the incident to determine if there is a need for an increased level of supervision. (A BRS will not be required at this time.)
- Anyone who has an increased level of supervision will have a BRS completed before their next quarterly review and the ID Team will determine if an increased level of supervision is still needed.
- Forensic consumers admitted to a habilitation center shall have all procedures as outlined in the Forensic Manual implemented as applicable.

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**Department of Mental Health  
Division of Mental Retardation and Developmental Disabilities  
Habilitation Center**

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**BEHAVIORAL RISK SCREENING**

**Consumer's Name:** \_\_\_\_\_ **I.D. Number:** \_\_\_\_\_

**Reason for Screening:**    ☐ Admission                      ☐ Review

**I. HIGH RISK SECTION:** Check "yes" if the behavior is present by history at time of admission or has occurred since the last review if other than an admission. (Any yes response requires information regarding what behavior occurred and when.)

**YES      NO**

- |                          |                          |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Incident of physical aggression. _____<br>_____   |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Incident of sexual aggression. _____<br>_____   |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. Incident of severe self-harm. _____<br>_____  |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Use, threat to use, or possession of a weapon. _____<br>_____   |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. Incident of fire setting. _____<br>_____  |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. Imminent potential for violence such as expressing verbal or written threats, plans to harm self or others. _____<br>_____  |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. Multiple episodes of chemical abuse or single episode if there is a history of violence when intoxicated. _____<br>_____  |
| <input type="checkbox"/> | <input type="checkbox"/> | 8. Presence of active hallucinations or delusions that in the past have resulted in dangerous behavior. _____<br>_____   |
| <input type="checkbox"/> | <input type="checkbox"/> | 9. Intentional elopement or unintentional elopement with a history of such elopements that resulted in the consumer's return through the efforts of others. ( i.e. police, staff or family) _____<br>_____ |
| <input type="checkbox"/> | <input type="checkbox"/> | 10. Other (Please describe): _____<br>_____  |

**II. MODERATE RISK SECTION:** Check “yes” if the behavior is present by history at time of admission or has occurred since the last review if other than an admission. (Any yes response requires information regarding what behavior occurred and when.)

**YES      NO**

- |                          |                          |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Single episode of chemical abuse without a history of violence accompanying past chemical abuse. _____<br>_____                                     |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Agitated, threatening or endangering behavior. _____<br>_____   |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. Unintentional elopement without a previous history of such episodes (i.e. wandering off, carelessness, etc.) _____<br>_____                         |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Presence of mental disorder that results in the probability that the individual can be easily influenced into endangering behaviors. _____<br>_____ |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. Unacceptable sexual behavior as determined by clinical judgment. _____<br>_____   |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. Frequently refuses food or medication leading to medical concerns. _____<br>_____   |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. Frequently ingests inedible items or excessive fluids leading to medical concerns. _____<br>_____   |
| <input type="checkbox"/> | <input type="checkbox"/> | 8. Other (Please describe): _____<br>_____   |

**III. CONSUMER’S RESIDENCE**

- ☐ Locked  
☐ Unlocked

**IV. CURRENT SUPERVISION LEVEL (Only to be identified for review screenings):**

- |  |   |
|--|---|
| <input type="checkbox"/> 2:1 Supervision                           | <input type="checkbox"/> Close Proximity      |
| <input type="checkbox"/> 1:1 Supervision                           | <input type="checkbox"/> Priority Supervision |
| <input type="checkbox"/> Other Supervision (Please Specify): _____ |   |

**V. SCREENING SUMMARY:**

- ☐ HIGH RISK  
☐ MODERATE RISK  
☐ MINIMAL RISK

**Staff Completing the Form:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Facility Name** \_\_\_\_\_

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## HABILITATION CENTER

### BEHAVIORAL RISK SCREENING INSTRUCTIONS

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Please complete the Behavioral Risk Screening for all non-forensic consumers at the point of admission. Consumers with behavioral issues should be re-evaluated using this instrument at least quarterly.

<b>Consumer's Name:</b>	Name of the individual living at the habilitation center being screened
<b>I.D. Number:</b>	Identification number used by the habilitation center for the consumer
<b>Facility:</b>	Name of the habilitation center
<b>Reason for Screening:</b>	Check either <b>"Admission"</b> which refers to a consumer being newly admitted or <b>"Review"</b> which refers to a quarterly review and any situation except new admission.
<b>I. High Risk Section:</b> This section lists a number of behaviors that might be considered "high risk". Check "yes" if the behavior is present by history at the time of admission or has occurred since the last review if other than an admission.	
<b>1. Incidents of physical aggression:</b>	Any physical force inflicted upon a person or object by the consumer (iiTS Definition)
<b>2. Incidents of sexual aggression:</b>	Any sexual act (intercourse or oral sex) involving consumers when one consumer was not a willing participant.
<b>3. Incidents of severe self-harm:</b>	Any self-inflicted injury requiring medication attention above and beyond first aid which resulted in a reportable injury
<b>4. Use, threat to use, or possession of a weapon:</b>	Any threat to use or intent to use an object to harm self or others
<b>5. Incident of fire setting:</b>	Intentionally setting a fire
<b>6. Imminent potential for violence:</b>	Such as expressing verbal or written threats, plans to harm self or others (physically or sexually)
<b>7. Multiple episodes of chemical abuse or single episode if there is a history of violence when intoxicated:</b>	Define type of chemical abuse and when and where it occurred.
<b>8. Presence of active hallucinations or delusions that in the past have resulted in dangerous behavior:</b>	Define the type of episodes and frequency.
<b>9. Intentional elopement or unintentional elopement with a history of such elopements that resulted in the consumer's return through the efforts of others (i.e.: police, staff or family):</b>	Elopement is the unauthorized absence of a consumer from a 24-hour oversight facility, residential setting or day program; or an unexplained absence that causes or raises concern for a consumer's well being. (iiTS definition)
<b>10. Other (Please describe):</b>	Describe any other concerns

<b>II. Moderate Risk Section:</b> This section lists a number of behaviors that might be considered “moderate risk”. Check “yes” if the behavior is present by history at the time of admission or has occurred since the last review if other than an admission.	
<b>1. Single episode of chemical abuse without a history of violence accompanying past chemical abuse:</b>	Define type of chemical abuse and when and where it occurred.
<b>2. Agitating, threatening or endangering behavior</b>	Describe type of behavior and when and where it occurred.
<b>3. Unintentional elopement without a previous history of such episodes</b>	Consumer wanders off causing or raising concern for the consumer’s well-being
<b>4. Presence of a mental disorder that results in the probability that the individual can be easily influenced into endangering behaviors:</b>	Describe the mental disorder
<b>5. Unacceptable sexual behavior as determined by clinical judgment:</b>	Threatening verbal or physical behavior that is unacceptable within broad community norms. Describe the behavior
<b>6. Frequently refuses food or medication leading to medical concerns:</b>	Describe incidents
<b>7. Frequently ingests inedible items or excessive fluids leading to medical concerns:</b>	Describe incidents
<b>8. Other (Please describe):</b>	Describe any other concerns.
<b>III. Consumer’s Residence:</b>	Indicate whether the consumer lives in a locked or unlocked area by checking the appropriate box.
<b>IV. Current Supervision Level:</b>	Indicate the level of staff supervision the consumer currently receives by checking the appropriate box.
<b>V. Screening Summary:</b>	Indicate the recommended level of risk, based on this screen, by checking the appropriate box.
<b>Staff Completing the Form:</b>	The habilitation center staff person completing the form, signs the form on this line.
<b>Date:</b>	This line represents date staff person completed the form.



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**DEPARTMENT OF MENTAL HEALTH  
DIVISION OF MENTAL RETARDATION AND DEVELOPMENTAL DISABILITIES**

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**HABILITATION CENTER PROCEDURE  
RISK SCREENING AND ASSESSMENT**

<b>PURPOSE:</b>	Prescribes procedures for risk screening and assessment of consumers living in the habilitation center or newly admitted to the habilitation center.
<b>APPLICATION:</b>	Applies to all Division of Mental Retardation and Developmental Disabilities Habilitation Centers.
<b>EFFECTIVE DATE:</b>	May 1, 2002

**DEFINITIONS:**

**Consumer:** Individual receiving services from any facility operated by the Department of Mental Health, otherwise referred to as client, resident or patient.

**Consumer Who Has Behavioral Issues:** A person living at or being newly admitted to the habilitation center who through the presence of inappropriate behavior or the absence of appropriate behavior presents some level of danger to self, others, or property.

**Forensic Consumer:** A person committed to the Department by a circuit court order under Chapter 552, RSMo, and is living at or being newly admitted to a habilitation center who has been-

- Accused of a criminal act but has been found incompetent to stand trial; or
- Acquitted after trial by reason of mental disease or defect; or
- Admitted for pretrial evaluation.

**Level of Supervision:** Determination made by the consumer's ID Team based, in part, on risk screening or assessment. The ID team may prescribe closer staff supervision for the consumer than is typical because the consumer presents a higher level of risk. This could include one to one staffing or greater, close proximity, or priority observation for behavioral reasons. The physician or advanced practice nurse may prescribe episodic one on one for health care reasons.

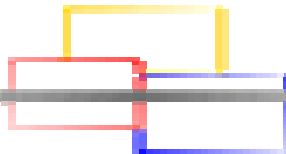
## PROCEDURE:

1. A risk screening or assessment tool shall be completed for all consumers newly admitted to a Habilitation Center as follows:
  - A. The ***Integrated Risk Assessment*** tool (IRA) shall be completed within three (3) weeks of admission for all forensic consumers.
  - B. The ***Behavioral Risk Screening*** tool (BRS) shall be completed for all other consumers at the point of admission.
2. The ***Integrated Risk Assessment*** tool shall be completed, if one has not already been done, to reassess previously identified forensic consumers who live in habilitation centers.
3. Reassessment shall be completed at least quarterly or more frequently as indicated by the severity of the behavior or forensic issue using
  - A. The ***Integrated Risk Assessment*** tool for all forensic consumers, and
  - B. The ***Behavioral Risk Screening*** tool for all consumers who have behavioral issues.
4. The consumer's ID Team shall consider information from the administration of the IRA or BRS in determining the level of supervision required by the consumer and in the development of the Individual Plan.
5. The ***Integrated Risk Assessment*** and ***Behavioral Risk Screening*** tools shall be retained in the consumer's record.



# SECTION II C

## Levels of Supervision



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## SECTION II. HABILITATION CENTER ACTIONS

### C. LEVELS OF SUPERVISION

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#### INTRODUCTION:

In the past, each habilitation center had established definitions for the various levels of supervision. The *Habilitation Center Plan to Address Alleged Physical and Sexual Aggression* stated,

- *Management, supervisory and direct support staff shall receive training on the standardized definitions for Levels of Supervision and on the criteria for placement at those levels.*
- *A standardized policy shall be developed which defines the Levels of Supervision and which identifies the criteria for placement at each of these levels. Habilitation centers shall train staff on implementation of the uniform policy.*

As part of the *Safety First* initiative, Superintendents agreed on common definitions for medical and behavioral levels of supervision, which describe the degree of staff oversight needed by consumers with significant behavioral or medical concerns. These definitions were included in the Department Operating Regulation on Risk Screening and Assessment. Habilitation Center Superintendents are assuring that appropriate staff receive training.

#### MATERIALS INCLUDED IN THIS SECTION:

- Levels of Supervision Definitions (Effective: June 1, 2002)

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## Division of Mental Retardation and Developmental Disabilities

### Habilitation Center

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## LEVELS OF SUPERVISION DEFINITIONS

(Effective: June 1, 2002)

The Level of Supervision is a determination made by the consumer's Interdisciplinary Team (ID Team) based, in part, on risk screening or assessment. The ID team may prescribe closer staff supervision for the consumer than is typical because the consumer presents a higher level of risk. This could include one to one staffing or greater, close proximity, or priority observation for behavioral reasons. The physician or advanced practice nurse may prescribe episodic one on one for health care reasons.

### Behavioral Levels of Supervision:

<b>2:1</b>	Two staff are assigned to work exclusively with one consumer and both can readily intervene to address any maladaptive behavior. The ID Team shall define any special and/or privacy considerations in implementing this level of supervision, including distance staff are required to maintain from the consumer.
<b>1:1</b>	One staff person is assigned to work exclusively with one consumer and can readily intervene to address any maladaptive behavior. The ID Team shall define any special and/or privacy considerations in implementing this level of supervision, including distance staff is to maintain from the consumer. Staff assigned to this level of supervision, for example, cannot simultaneously accept the responsibility of driving the consumer or any consumer anywhere.
<b>Close Proximity</b>	Assigned staff must be within range of the consumer they are supporting so as to be able to physically intervene if necessary and must know the exact location of the consumer at all times. The Interdisciplinary Team shall define any special and/or privacy considerations in implementing this level of supervision. Staff may support multiple consumers at this level. Staff shall be responsible for notifying the charge person on duty when additional supervision support is needed.
<b>Priority</b>	Staff needs to know the consumer's whereabouts and visually

check on the consumer at least every fifteen (15) minutes. The consumer does not need to be in the staff's sight at all times. The ID Team shall define any special considerations in implementing this level of supervision.

**Note on Behavioral Levels of Supervision:**

- Consumers who are rated high or moderate risk as identified by use of the ***Behavioral Risk Screening*** shall have their level of supervision determined by the ID Team at point of intake.
- The ***Behavioral Risk Screening*** and the ***Integrated Risk Assessment*** shall be filed in the consumer's record.
- If information is not available at point of intake, the consumer shall be observed closely until the ID Team can make an adequate assessment of the consumer's risk level.
- If it is determined that the consumer requires any of the behavioral levels of supervision, the ID Team shall define and document any special and/or privacy considerations in implementing this level of supervision, including distance staff is to maintain from the consumer.

**Medical Levels of Supervision:**

**Episodic 1:1**      One staff person is assigned to support the consumer during specific activities such as eating, tube feeding, bathing or walking. The consumer's medical and nursing care plans shall document when an increased medical level of supervision is needed.

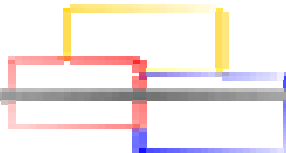
**Note on Medical Levels of Supervision:**

- The physician or advanced practice nurse shall write an order for this level of supervision.
- The order shall be reviewed and revised as the consumer's medical condition changes.

# SECTION II D

**Shift**

**Change**





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## SECTION II. HABILITATION CENTER ACTIONS

### D. SHIFT CHANGE

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#### INTRODUCTION:

Prior to the implementation of the ***Safety First*** initiative, each habilitation center had a procedure regarding change of shift. In the ***Habilitation Center Plan to Address Alleged Physical and Sexual Aggression***, the Division committed to take the following actions.

- *Supervisory and direct support staff shall receive training in the core responsibilities that must occur at all habilitation centers at shift change. Training will include information on the use of any protocols, checklists, or report forms designed for this purpose.*
- *The division shall establish core information that must be documented at each shift change in all habilitation centers.*

Habilitation Center Superintendents agreed on a procedure for shift change and core information that must be documented at shift change.

#### MATERIALS INCLUDED IN THIS SECTION:

- **Habilitation Center Procedure on Shift Change**
- **Core Information Required at Shift Change** (*NOTE: Habilitation Centers may add to the required information identified on the sample Shift Change Communication Sheet.*)

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## HABILITATION CENTER PROCEDURE

### SHIFT CHANGE

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<b>PURPOSE:</b>	Prescribes procedures for change of shift for habilitation center staff that work directly with consumers
<b>APPLICATION:</b>	Applies to all Division of Mental Retardation and Developmental Disabilities Habilitation Centers.
<b>EFFECTIVE DATE:</b>	July 1, 2002

#### DEFINITIONS:

**Consumer:** Individual receiving services from any facility operated by the Department of Mental Health, otherwise referred to as client, resident or patient.

**Level of Supervision:** Determination made by the consumer's Interdisciplinary Team (ID Team) based, in part, on risk screening or assessment. The ID team may prescribe closer staff supervision for the consumer than is typical because the consumer presents a higher level of risk. This could include one to one staffing or greater, close proximity, or priority observation for behavioral reasons. The physician or advanced practice nurse may prescribe episodic one on one supervision for health care reasons.

#### PROCEDURE:

1. All habilitation center program and living unit supervisors shall assure that the facility's **Shift Change Communication Sheet** is completed at the beginning of each shift.
  - a) The facility's **Shift Change Communication Sheet** shall clearly indicate the levels of supervision required by consumers receiving services and the habilitation center staff responsible for assuring that the levels of supervision are provided on that shift.
  - b) The habilitation center staff assigned as charge person shall sign the facility's **Shift Change Communication Sheet** indicating their acknowledgement of the level of supervision each consumer needs and indicating responsibility for assigning staff to provide that level of supervision.

- c) The habilitation center may require that staff maintain a continuous log that includes the date, time and direct support staff assignments for consumers at an increased level of supervision and may further require that the log be signed by each staff.
- 2. The habilitation center shall retain **Shift Change Communication Sheets** for at least one (1) year or longer, if needed.
- 3. The charge person shall determine whether all needed staff have reported for duty on each shift and shall bring any serious concerns due to staffing shortages or other issues to the attention of their supervisor.
- 4. The charge person shall physically observe the provision of the various levels of supervision at least once for each consumer on each shift.
- 5. Habilitation Center Superintendents shall assure that related job expectations are included in the performance appraisals of each appropriate staff member.

**SAMPLE  
SHIFT CHANGE COMMUNICATION SHEET**

***(Core information that must be documented at each shift change)***  
(Effective: July 1, 2002)

<b>HABILITATION CENTER:</b>			
<b>GROUP HOME, LIVING UNIT, OR PROGRAM AREA:</b>		<b>TIME:</b>	<b>DATE:</b>
<b>I. The following persons are off campus (i.e., school, haircuts, shopping, camp, work, Special Olympics, etc.)</b>			
<b>PERSON'S NAME:</b>	<b>LOCATION:</b>	<b>LEAVE TIME:</b>	<b>RETURN TIME:</b>
<b>II. List any differences in health status, treatments required, behaviors, etc.</b>			
<b>III. Advanced Practice Nurse or Doctor's Appointments:</b>			
<b>CONSUMER'S NAME</b>	<b>DOCTOR</b>	<b>LEAVE TIME</b>	<b>RETURN TIME</b>

<b>IV. Consumers with an Increased Level of Supervision:</b>		
<b>CONSUMER'S NAME</b>		<b>LEVEL OF SUPERVISION</b>
<b>V. Charge Person's Signature: Acknowledges level of supervision needed and responsibility for assigning staff to provide that level of supervision.</b>		
<b>1<sup>st</sup> SHIFT</b>	<b>2<sup>nd</sup> SHIFT</b>	<b>3<sup>rd</sup> SHIFT</b>
<b>VI. Comments:</b>		

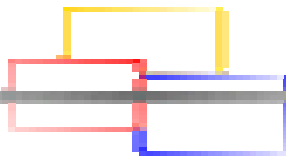
The habilitation center may require that staff maintain a continuous log that includes the date, time and direct support staff assignments for consumers at an increased level of supervision and may further require that the log be signed by each staff.



# **SECTION II E**



## **SUPERVISORY CHECKS**



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## SECTION II. HABILITATION CENTER ACTIONS

### E. SUPERVISORY CHECKS

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#### INTRODUCTION:

In the *Habilitation Center Plan to Address Alleged Physical and Sexual Aggression*, the Division made a commitment to take the following action.

- *Supervisory and management staff shall receive training on the core responsibilities that must occur at all habilitation centers when the supervisor makes rounds, the frequency of the rounds, and the use of any facility checklists or report forms designed for this purpose.*

In all of the habilitation centers, a number of different levels of staff complete rounds at varied intervals. All staff is looking at the same set of core of issues but doing so from the perspective of their unique role. The core areas are:

- **Personnel:** This area focuses on assuring adequate numbers of staff and adequately trained staff to provide a safe environment and to assure implementation of Individual Plans.
- **Health & Safety:** The focus here is on assuring that health needs are addressed and medications are given. Staff would also assure that consumers are receiving the appropriate level of supervision and that infection control issues are addressed.
- **Environment:** This area includes sanitation, consumer's possessions, and the general look and feel of the facility.
- **Habilitation & Rights:** The emphasis in this area is on assuring that active treatment is occurring and that the rights of consumers are protected.

The emphasis placed on a given area is dependent upon the role of the staff doing rounds and on the nature of the conditions in the facility at the time. Each of these staff has training in and familiarity with the ICF/MR regulations. This provides a common basis of knowledge about the types of issues/concerns that might arise in these areas and informs their understanding of what to look for on rounds.

As mentioned, different types of staff do rounds at varying intervals each with their own focus. This includes:

<b>Role</b>	<b>Focus</b>	<b>Frequency</b>
Superintendent	Whole facility	Periodically
Unit Manager	Unit	Daily - Weekly
Unit Program Supervisor	Residential and Program Areas	Daily
DA II & III	Consumer or Issue Specific	Every Shift
RN or LPN	Medical Concerns	Every Shift
Quality Assurance Staff	QA Issues	Periodically

A graphic representation of this information is included in this section (***Habilitation Center Rounds***).

Habilitation Center Superintendents and the Division's Deputy Directors shall be responsible for assuring that staff performs rounds at the frequencies discussed above. Further, they shall assure that related job expectations are included in the performance appraisal of each appropriate staff member.

#### **MATERIALS INCLUDED IN THIS SECTION:**

- ***Habilitation Center Rounds***

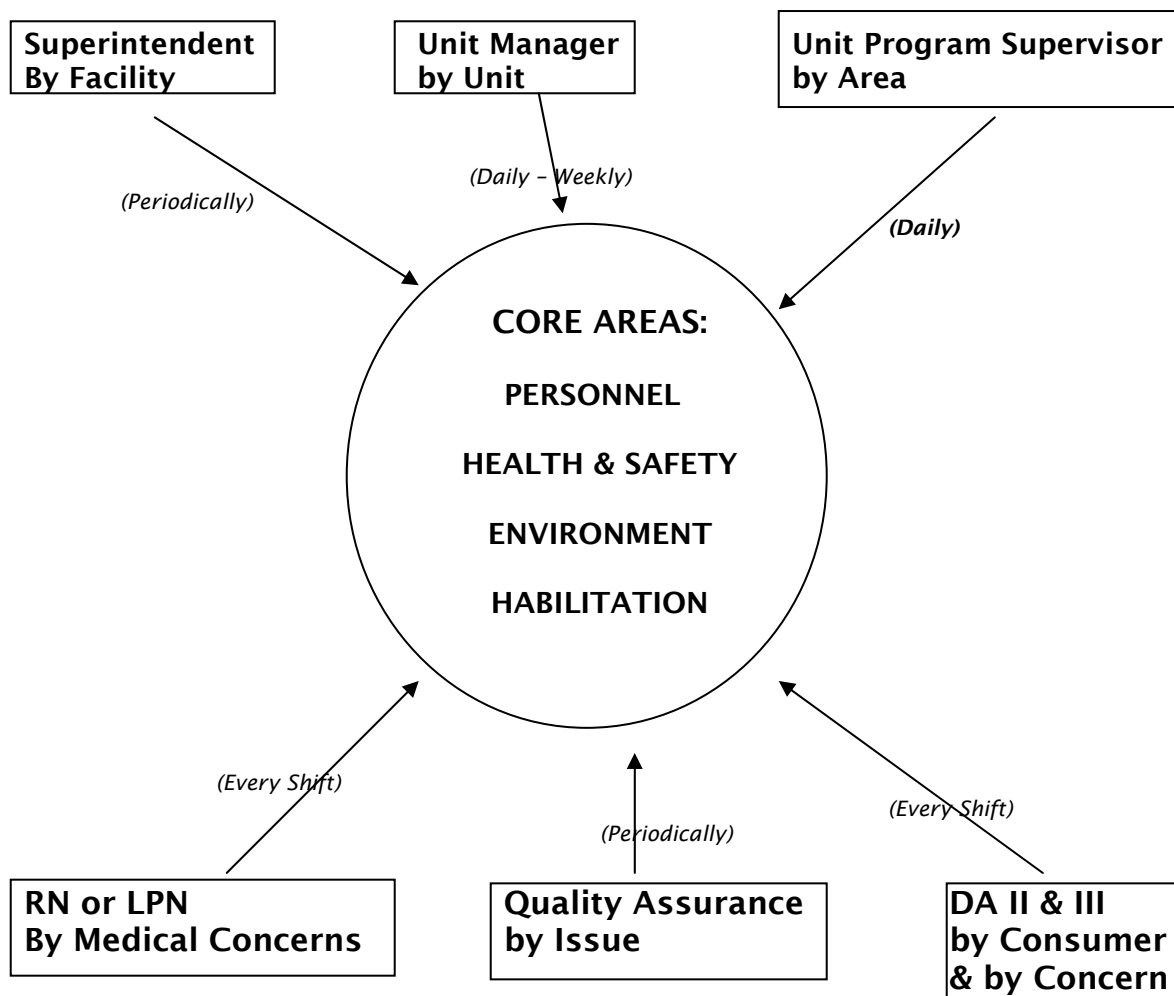


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**DEPARTMENT OF MENTAL HEALTH  
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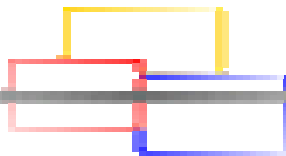
**HABILITATION CENTER ROUNDS**



# **SECTION II F**



## **REPORTING & INVESTIGATION PROCEDURES RELATED TO ALLEGED SEXUAL ABUSE, SEXUAL AGGRESSION and SEXUAL ACTIVITY**



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## SECTION II. HABILITATION CENTER ACTIONS

### F. ALLEGED SEXUAL AGGRESSION AND SEXUAL ACTIVITY

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#### INTRODUCTION:

Although each habilitation center had policies and procedures prior to the development of the *Safety First* plan, there was no standardized procedure on reporting sexual aggression. By December 31, 2001, the habilitation center superintendents had already taken the following action as described in the *Habilitation Center Plan to Address Physical and Sexual Aggression*.

- ***Standardized Procedure on Reporting Sexual Aggression and Sexual Activity:*** *The Habilitation Center Superintendents agreed on a standardized reporting procedure for incidents of alleged sexual aggression and sexual activity. This procedure is now being used in all of Missouri's habilitation centers.*
- ***Provided Staff Training on Reporting Sexual Aggression and Sexual Activity:*** *All habilitation centers have trained all staff with treatment responsibilities on the agreed upon procedures for reporting incidents of alleged sexual aggression and sexual activity.*

In addition, the Habilitation Center Superintendents agreed to further action as a part of the *Safety First* plan. This includes the following.

- ***Investigative Procedures for Alleged Sexual Abuse, Sexual Aggression and Sexual Activity:*** *All habilitation centers have policies, procedures and staff training in place related to reporting incidents and injuries. Some have had investigative training specific to sexual abuse. The Division shall arrange for appropriate training on investigating alleged sexual aggression and sexual activity for all habilitation centers that have not already participated in this training. Additionally, all appropriate staff shall receive training on core elements of investigation and evidence collection that will be common across all habilitation centers. The Habilitation Center Superintendents agreed to follow Department Operating Regulation 2.205, for reporting and investigating alleged sexual aggression.*

- **Reporting:** *Management, supervisory and direct support staff shall receive training on reporting requirements related to any unusual incidents or injuries, particularly in cases of alleged physical or sexual abuse, sexual aggression or sexual activity. Topics covered shall include notification of the habilitation center's Administrator on Duty, health professionals, law enforcement, guardians, and others as appropriate.*
- **Victim Response and Support Procedures:** *Uniform protocols will be developed and staff trained to assure a consistent and supportive response to victims of sexual abuse and sexual aggression living in habilitation centers. The protocol and training will assure that the victim's physical and mental health needs are addressed as well as the victim's desire/need to move from the situation.*

This section of the Division's **Safety First** plan includes a copy of the Procedure for Reporting Alleged Sexual Abuse and Sexual Aggression. Staff was trained on this procedure and it was implemented prior to December 31, 2001. It has since been modified slightly and these revisions will be effective May 1, 2002. Several other procedures have been developed since that time and have planned implementation dates.

#### **MATERIALS INCLUDED IN THIS SECTION:**

- Habilitation Center Procedure: **Reporting Alleged Sexual Abuse, Sexual Aggression and Sexual Activity** (Policy currently in place. Revisions effective June 1, 2002)
- Habilitation Center Procedure: **Evidence Collection Related to Incidents of Alleged Sexual Abuse, Sexual Aggression and Sexual Activity** (Effective June 1, 2002)
- Habilitation Center Procedure: **Response to Consumers Who Are the Victims of Sexual Abuse or Sexual Aggression** (Effective June 1, 2002)

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**DEPARTMENT OF MENTAL HEALTH**  
**DIVISION OF MENTAL RETARDATION AND**  
**DEVELOPMENTAL DISABILITIES**

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**HABILITATION CENTER PROCEDURE**  
**REPORTING ALLEGED SEXUAL ABUSE,**  
**SEXUAL AGGRESSION and SEXUAL ACTIVITY**

<b>PURPOSE:</b>	<b>Prescribes procedures for reporting alleged sexual abuse, sexual aggression and sexual activity.</b>
<b>APPLICATION:</b>	<b>Applies to all Division of Mental Retardation and Developmental Disabilities Habilitation Centers</b>
<b>EFFECTIVE DATE:</b>	<b>December 31, 2001</b>
<b>REVISED:</b>	<b>May 5, 2002</b>
<b>REVISION EFFECTIVE:</b>	<b>June 1, 2002</b>

**DEFINITIONS:**

**Consumer:** Individual receiving services from any facility operated by the DMH, otherwise referred to as client, resident, or patient.

**Sexual Abuse:** Any touching, directly or through clothing, by a staff of a consumer for sexual purposes or in a sexual manner. This includes but is not limited to:

1. Kissing;
2. Touching of the genitals, buttocks or breasts;
3. Causing a consumer to touch the employee for sexual purposes;
4. Promoting or observing for sexual purpose any activity or performance involving consumers including any play, motion picture, photography, dance, or other visual or written representation; and
5. Failing to intervene or attempt to stop or prevent inappropriate sexual activity or performance between consumers.

**Sexual Aggression:** Any sexual act (intercourse, oral sex) involving consumers when one consumer was not a willing participant as determined by a facility preliminary inquiry.

**Sexual Activity:** Sexual intercourse or oral sex between two consumers when both individuals were willing participants as determined by a facility preliminary inquiry. *(The division does not condone sexual activity between consumers; however, in the event an incident occurs the following procedures will apply.)*

## **PROCEDURE:**

All facility staff who observe or suspect, and/or receive a verbal or written report of sexual abuse, sexual aggression or sexual activity shall immediately

- (1) contact the Unit Manager or designee.
- (2) take steps necessary to secure the safety of the residents.
- (3) notify the Nurse on duty. The Nurse will begin the preliminary medical examination and notify the physician or advance practice nurse.
- (4) complete an Incident and Injury Report on each consumer.
- (5) document the incident in staff observation/progress notes.

The Physician or Advance Practice Nurse shall immediately

- (1) visually examine the residents for physical injuries.
- (2) determine whether the consumer needs to be sent to the emergency room.
- (3) speak with the Superintendent or Administrator on Duty if the consumer is sent to the emergency room, and within one working day if the consumer is not sent to the emergency room.
- (4) order laboratory tests for sexually transmitted diseases if there is a possibility that body fluids may have been exchanged. RSMo 191.662 for HIV consent and reporting to DMH will apply.
- (5) document findings in physician progress notes

***In the absence of a physician or advance practice nurse, the consumer(s) must be sent to the emergency room for evaluation.***

The Unit Manager or designee shall

- (1) immediately notify the superintendent or designee and initiate a preliminary inquiry to determine whether the incident is sexual activity or sexual aggression. Factors to consider include: each consumer's level of supervision, prior sexual behavior, physical injury, if either consumer is a minor, if either consumer appears disturbed or distressed in any way, and each consumer's verbal account of incidents (when possible).

- (2) immediately notify the legal guardian of the incident and initial actions the facility will take to prevent future encounters (such as physically separating the consumers, increasing level of supervision, etc.).
- (3) immediately notify law enforcement of alleged sexual abuse or sexual aggression incidents. For sexual activity incidents, determination to contact law enforcement will be made with input from the legal guardian. If the guardian is not reached within 24 hours, the superintendent or designee shall notify law enforcement of the incident.
- (4) within 24 hours document in the preliminary inquiry the rationale for the sexual activity determination and submit the incident report to the Superintendent.
- (5) within 24 hours ensure that all documentation is completed regarding the incident ( I & I, DA notes, nursing notes, physician notes, etc.).

The Superintendent or designee shall

- (1) after speaking with all appropriate staff and reviewing the preliminary inquiry, determine if the incident is sexual activity or sexual aggression. Superintendent shall document the determination in the preliminary inquiry report within 24 hours.
- (2) immediately make the final determination regarding need to initiate an abuse/neglect investigation. If there is any reason to suspect sexual aggression or sexual abuse, the superintendent or designee shall follow the reporting and investigation procedures described in Department Operating Regulation 2.205. This regulation, while specific to investigation of alleged abuse and neglect, shall be followed for reporting and investigating incidents of sexual aggression.
- (3) immediately notify the District Deputy and Division Director of all incidents of sexual aggression, sexual activity and sexual abuse according to DOR 4.270 Reporting and Recording Unusual Incidents and any applicable division/facility policies.
- (4) assure that all policies and procedures related to reporting and investigation of the sexual abuse, sexual aggression and sexual activity are followed.

Interdisciplinary Team shall

- (1) meet and review the incident within five days, or sooner if needed, to determine an appropriate follow-up course of action which may include revisions to the personal plan.

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**DEPARTMENT OF MENTAL HEALTH**  
**DIVISION OF MENTAL RETARDATION AND DEVELOPMENTAL DISABILITIES**

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**HABILITATION CENTER PROCEDURE**  
**EVIDENCE COLLECTION RELATED TO INCIDENTS OF ALLEGED SEXUAL ABUSE, SEXUAL AGGRESSION and SEXUAL ACTIVITY**

<b>PURPOSE:</b>	<b>Prescribes procedures for collecting property and other evidence related to incidents involving alleged sexual abuse, sexual aggression and sexual activity.</b>
<b>APPLICATION:</b>	<b>Applies to all Division of Mental Retardation and Developmental Disabilities Habilitation Centers</b>
<b>EFFECTIVE DATE:</b>	<b>June 1, 2002</b>

**PROCEDURE:**

The Unit Manager or designee shall immediately:

- 1) take action to collect information and related evidence, consistent with the nature of the report, the time of the alleged incident and the location of the incident.
- 2) shall secure the area where the incident occurred so that evidence is not lost or tampered with.

The Superintendent or designee shall immediately:

- 1) assign a local investigator/appropriate staff to initiate investigative activities.
- 2) consistent with established criteria, request that Central Office investigate incidents of alleged sexual abuse.

The habilitation center investigator shall:

- 1) immediately go to the scene of the incident and assure that appropriate staff has been notified.



- 2) assure that the physician or advanced practice nurse has been contacted, verify documentation of the time and content of the contact and assure that the consumer is receiving appropriate medical attention.
- 3) secure the scene for further investigation as directed by the Superintendent or designee.
- 4) take pictures of the location from all directions and entrances and of any items involved in the incident as soon as possible using Polaroid, digital, and 35mm, if needed. Photographs shall be labeled to include:
  - a) Date;
  - b) Time;
  - c) Location;
  - d) Subject of picture; and
  - e) Name of photographer.
- 5) consistent with the nature of the allegation, collect the following physical evidence if law enforcement is not involved:
  - a) The clothing of all parties involved directly in the sexual contact including underwear that may have been worn just prior to or after the incident; and
  - b) The bedding including sheets and pillowcases and coverings of any sort at the location, if possible.
- 6) place clothing items in a paper bag and bedding or covering items in a paper bag. The bags shall be sealed with masking tape and secured in a locked area. The investigator's name shall be signed over the seal. The investigator shall write the following on the bag:
  - b) Description of items placed in the paper bag;
  - c) Date and time collected;
  - d) Place collected; and
  - e) Name of person who collected the items.
- 7) complete the Investigation and Evidence Collection Checklist.
- 8) follow investigation procedures and timelines described in Department Operating Regulation 2.205, *Abuse and Neglect Definitions, Investigation Procedures and Penalties*. This regulation, while specific to investigation of alleged abuse and neglect, shall be followed for reporting and investigating incidents of sexual aggression.

## HABILITATION CENTER INVESTIGATION AND EVIDENCE COLLECTION CHECKLIST

Consumer's Name \_\_\_\_\_ Age \_\_\_\_\_ ID Number \_\_\_\_\_

Part I: Notification	Date	Time	Initial	NA
1. Medical staff notified for injuries, sexual abuse, sexual aggression and sexual activity				
2. Unit Manager or designee notified				
3. Superintendent or designee notified				
4. Parent/Guardian notified Name				
5. Law Enforcement notified				
6. Investigator notified <input type="checkbox"/> Local <input type="checkbox"/> Department				
7. DFS notified by Superintendent or Designee (minors only)				
8. District Deputy Contacted				
9. Division Director Contacted				
10. Person reporting incident contacts and follow-up letter sent				
Part II: Documentation	YES	NO	Initial	NA
11. Staff Observation Notes completed and copied (past 24 hours for unknown injuries)				
12. Medical treatment received  Specify where treated and procedures completed:				
13. Nurse documented all medical procedures in Staff Observation Note				
14. Doctor or advance practice nurse completed Physical Progress Notes				
15. Incident and Injury Report Completed				
16. Form 9719, Incident and Investigation Tracking System Report completed				
17. Unknown Injury Inquiry Form completed				
18. Employee Daily Attendance Record obtained				
19. Administrative Leave Slip completed				
20. Board of Inquiry held, minutes transcribed if applicable, tapes on file				

Part III: Evidence Collection		YES	NO	Initial	NA
21. Physical evidence collected, stored in paper bag, sealed and labeled Specify evidence collected and storage location:					
22. Incident location secured Specify location of incident:					
23. Photographs Taken Number taken       Date       Time					
Part IV: Staff Reassignment					NA
24. Employee(s) removed from contact of all consumers					
Name	Shift	Days Off			
Classification					
Name	Shift	Days Off			
Classification					
Name	Shift	Days Off			
Classification					
25. Employee(s) relieved of duty, placed on Administrative Leave					
Name	Shift	Days Off			
Classification					
Name	Shift	Days Off			
Classification					
Name	Shift	Days Off			
Classification					
Superintendent's Signature or Designee		Date			

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**DEPARTMENT OF MENTAL HEALTH**  
**DIVISION OF MENTAL RETARDATION AND DEVELOPMENTAL DISABILITIES**

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**HABILITATION CENTER PROCEDURE**  
**RESPONSE TO VICTIMS OF SEXUAL ABUSE OR SEXUAL AGGRESSION**

<b>PURPOSE:</b>	Prescribes procedures for responding to consumers who have been the victim of sexual abuse or sexual aggression
<b>APPLICATION:</b>	Applies to all Division of Mental Retardation and Developmental Disabilities Habilitation Centers
<b>EFFECTIVE DATE:</b>	June 1, 2002

**PROCEDURE:**

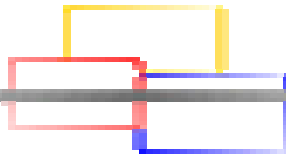
1. When there is an incident of sexual abuse or sexual aggression, any consumer who is a victim of such an incident shall receive appropriate medical attention. If intercourse or oral sex has occurred, the consumer shall have the following medical tests:
  - a. Gonorrhea;
  - b. Syphilis;
  - c. Hepatitis B;
  - d. Hepatitis C; and
  - e. HIV. (*RSMo 191.662 for HIV consent and reporting to DMH will apply.*)
2. All applicable policies and procedures for reporting and investigation shall be followed including Department Operating Regulation 2.205 and the Habilitation Center Procedure on Reporting Sexual Abuse and Sexual Aggression and their successors.
3. The consumer who is the victim of such an incident shall, as appropriate, be offered the opportunity to

- a. Have a staff person, relative, friend or other support person present following the incident, during the emergency room visit, and after returning to the facility;
  - b. Participate in rape counseling or other relevant community services as clinically appropriate; and
  - c. Receive training on remaining safe in potentially threatening situations, including abuse prevention.
4. Psychology or social work staff shall coordinate services for the consumer to assure that his/her emotional needs are addressed and shall provide counseling or other direct services as needed.
5. The consumer shall not be required to be in proximity to the perpetrator. If the alleged perpetrator is another consumer, the consumer who was victimized shall have the opportunity to move to another location. The decision to move the victim and perpetrator into the same location at a later date shall require the agreement of the victim, the victim's guardian, the ID Team and the Habilitation Center Superintendent.
6. The ID Team shall review the consumer's Individual Plan and revise, if needed, to assure that adequate supports and services are provided to address the consumer's physical and mental health needs.

# **SECTION II G**

A yellow L-shaped graphic consisting of a vertical bar on the left and a horizontal bar extending to the right, intersecting at a small red square.

## **Rights, Informed Consent, & Due Process**



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## SECTION II. HABILITATION CENTER ACTIONS

### G. RIGHTS, INFORMED CONSENT & DUE PROCESS

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#### INTRODUCTION:

In order to protect, teach, and provide security for consumers living in habilitation centers, it is sometimes necessary to temporarily restrict the rights of consumers who present a significant behavioral risk to self or others. Each individual habilitation center had procedures for doing so that were written to comply with ICF/MR standards (Intermediate Care Facilities for the Mentally Retarded). The *Habilitation Center Plan to Address Alleged Physical and Sexual Aggression* stated that the Division would take the following action.

- *Develop policies and procedures related to rights, informed consent and due process for persons with significant behavioral support needs living in habilitation centers.*
- *Appropriate habilitation center staff shall receive training on rights, informed consent and due process related to programming for persons with significant behavioral support needs.*

As a part of the *Safety First* initiative, the habilitation centers are undertaking a review of policies and procedures in the area of rights protections for consumers with significant behavioral support needs. A statement of the problem and related issues has been developed.

#### MATERIALS INCLUDED IN THIS SECTION:

- Issues Statement on Rights, Safety, and Behavioral Support

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**DEPARTMENT OF MENTAL HEALTH  
DIVISION OF MENTAL RETARDATION AND DEVELOPMENTAL DISABILITIES**

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**HABILITATION CENTER ISSUES STATEMENT**

**RIGHTS, SAFETY, AND BEHAVIORAL SUPPORT**

During the process of providing support for people with developmental disabilities, it can be necessary to limit or restrict someone's rights. This may occasionally be the case when a consumer has a serious medical condition that requires treatment. Restrictions or limitations may also be necessary for some persons who have cognitive limitations that could result in their wandering off or in some way endangering them. Most often, though, rights restrictions are associated with the provision of behavioral support.

When consumers have significant behavioral support needs it is sometimes necessary to prevent them from acting out in ways that would result in injury to self or others or that would result in significant property damage. Strategies that accomplish this, by definition, may involve restriction of the consumer's rights. When consumers with significant behavioral support needs live with others, the restriction of their rights can, in some cases, impact the rights of other consumers in the environment to exercise their own rights. Yet, failure to limit the rights of the consumer can present a significant danger to other consumers. In addition to the clinical and quality of life issues this dilemma presents, this type of situation also creates challenges in meeting ICF/MR standards and, therefore, in retaining federal matching funds for the provision of service to the consumers involved. The situation is further complicated when it concerns a forensic consumer.

The Division shall convene a Management Advisory Team by the Spring of 2003 to undertake a more thorough review of policies, procedures, and practices in this area to include:

**I. DUE PROCESS:** Review in this area shall include the need to inform the consumer of the following:

- The right (s) that will be restricted;
- The reason the right is being restricted;
- The length of time the right will be restricted;
- The actions required by the consumer to earn the right back;
- The time intervals at which the decision will be reviewed;
- The right to appeal the restriction;
- The opportunity to have representation at the appeal meeting; and



- The opportunity to have everything explained in a manner that the consumer and guardian can understand.

## **II. FUNCTIONAL ALTERNATIVES:** Review in this area should include the following.

- **Provision of Active Treatment:** The ICF/MR regulations require that the consumer receive active treatment. The ID Team needs to not only work to reduce the inappropriate behavior, but also afford the consumer an opportunity to learn other behaviors that, if possible, will address the same core need. Therefore, the ID Team must not only define the behavior or behavior(s) to be changed but must also define the function (s) of the behavior and identify adaptive behaviors that may serve as functional alternatives to those behaviors. (*Functional Analysis of Problem Behavior*, p. 57)
- **Functionality to the Consumer:** In thinking about functional alternatives or equivalents:
  - *If the function of the behavior can be honored, it is important to find a more socially acceptable response that is functionally equivalent. (Positive Behavioral Support, p. 240)*
  - *Strenuously guard against imposing programs of behavior change for the purpose of staff convenience, social bias, or unreasonable program rules.*
  - *Balance the intrusiveness or unpleasantness of the proposed intervention with the possible benefit to the individual.*
  - *Any behavioral intervention must be designed and implemented in a manner that affords dignity and respect for the individual. (Behavioral Support Strategies, p. 38-40)*

## **III. INFORMED CONSENT:** Review in this area shall include consideration of the following areas discussed in *A Guide to Consent*, produced by the American Association on Mental Retardation.

- **Decision Making Process:** *Process for shared decision-making between the patient and the health care provider (39)*
- **Modified Procedures:** *Health care providers must obtain informed consent through verbal dialogue and, at times, through written consent forms. Persons with mental retardation may require altered and extensive modification to typical informed consent procedures, such as the use of augmentative communication devices. All verbal communication must be tailored to the patient's cognitive level. (p. 40)*
- **Categories:** *Lidz and colleagues outline five primary categories of informed consent: (a) the technical information to be disclosed to the patient; (b) the patient's ability to understand the information; (c) the patient's understanding and how that understanding is developed; (d) the voluntariness of the patient's decision and assessment of any undue influence or coercion; and (e) the decision it-*

*self and the way in which it is made. For people with mental retardation special consideration must be given to all five aspects of the process of obtaining informed consent. (p. 40)*

**IV. SPECIALLY CONSTITUTED COMMITTEE (Tag W261):** Review of rights issues must address discussion of the Specially Constituted Committee referenced in ICF/MR tag number W261 and the standards that immediately follow it.

**V. FORENSIC CONSUMERS & ICF/MR CERTIFICATION:** Forensic consumers by definition have limitations on their rights. Review must focus on the feasibility of continued ICF/MR certification for forensic consumers.

### **References:**

Dinerstein, R.D.; Herr, S.S.; & O'Sullivan, J.L. (1999). *A Guide to Consent*. Washington, D.C.: American Association on Mental Retardation.

Dunlap, G. & Fox, L. (1996) Early intervention and serious problems behaviors: a comprehensive approach. In L.K. Koegel, R.O. Koegel, & G. Dunlap (Eds.), *Positive Behavioral Support*, (pp. 240). Baltimore: Paul H. Brookes

Missouri Department of Mental Health, Division of Mental Retardation and Developmental Disabilities (January 1998). *Behavioral Support Strategies: Guidelines & Procedures* (pp. 38-40).

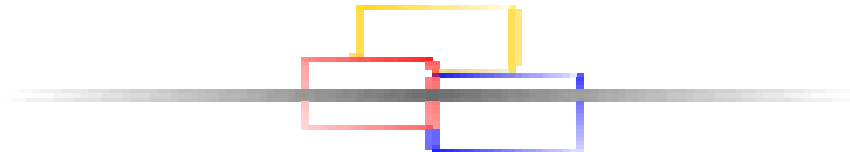
O'Neill, R.E.; Horner, R.H.; Albin, R.W.; Storey, K.; & Sprague, J.R. (1990). *Functional Analysis of Problem Behavior*. Pacific Grove, CA: Brooks/Cole.



# **SECTION II H**



## **Quality Assurance Audits**



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## SECTION II. HABILITATION CENTER ACTIONS

### H. QUALITY ASSURANCE AUDITS

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The *Habilitation Center Plan to Address Alleged Physical and Sexual Aggression* included actions to be taken prior to December 31, 2001. As per the plan, the habilitation centers began conducting quality assurance audits.

*Quality assurance staff conducted audits of a sample of all people living in habilitation centers identified as needing a one on one (1:1) level of supervision. The audit process investigated whether the individual was receiving the needed level of supervision and resulted in feedback to the individual's supervisor and the Superintendent of the Habilitation Center. Staff completed a minimum of a 10% sample of all individuals requiring 1:1. Staff will conduct such an audit every quarter.*

In addition, the plan described actions that the Division will take to expand and standardize quality assurance audit functions as follows.

- ***Standardized Quality Assurance Audit Protocols & Reporting:***  
*Standardized quality assurance audits will be developed to determine whether*
  - *Risk assessment tools are being used under appropriate circumstances,*
  - *Identification of persons at risk and incidents of aggression result in an ID Team review to determine whether individual plan amendments are needed,*
  - *Behavioral support plans are implemented,*
  - *Levels of supervision are implemented, and*
  - *Incidents of alleged sexual abuse, sexual aggression, sexual activity and physical aggression are reported and addressed.*
- *Habilitation center quality assurance staff will combine information from facility audits, CIMOR reports, and ICF/MR information from the database to develop a statewide picture. This will occur through periodic QHAB meetings that include one representative from each facility's quality assurance program. QHAB will develop statewide trend reports and make recommendations to Habilitation Center Su-*

*perintendents and Division Deputy Directors. This shall include data relevant to the issues discussed in the “Safety First Plan”.*

- ***Rights, Informed Consent & Due Process:*** *Quality assurance protocols and procedures shall be developed to audit due process when rights are limited for the purposes of behavioral programming.*

Quality assurance staff at the habilitation centers developed a Levels of Supervision Audit tool and protocol that will be conducted quarterly by all habilitation centers. Quality Assurance staff shall develop an expanded tool(s) and protocol(s) to address all areas covered by the ***Safety First*** initiative. In addition, as procedures are developed in the area of rights, informed consent, and due process, complementary quality assurance audit tools and protocols will also be instituted.

#### **MATERIALS INCLUDED IN THIS SECTION:**

- *Quality Assurance Audit Protocol on Levels of Supervision*
- *Quality Assurance Audit on Levels of Supervision*

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## QUALITY ASSURANCE AUDIT PROTOCOL

### LEVELS OF SUPERVISION

<b>Purpose:</b>	Assure that consumers needing an increased level of supervision receive that level of supervision by trained staff
<b>Programs Reviewed:</b>	All residential and on campus day programs
<b>Sample Size:</b>	10% of all consumers needing a Two to One, One to One, Episodic One to One, or Close Proximity Level of Supervision
<b>Frequency of Audit:</b>	Quarterly
<b>Effective Date:</b>	May 1, 2002

### PROTOCOL:

1. Quality assurance staff shall pull a 10% sample of all consumers who need a two to one, one to one, episodic one to one, or close proximity level of supervision every quarter. The sample shall include consumers from each unit or home where consumers at these levels of supervision live or attend on-campus day programming.
2. Habilitation center staff assigned to conduct the audit shall
  - a. Review the consumer's record for the required information;
  - b. Observe the consumer on the living unit, on-campus day program or group home;
  - c. Interview staff assigned to provide the increased level of supervision after completing the observation;
  - d. Review training records of the staff assigned to provide the increased level of supervision; and
  - e. Review the shift change documentation on the unit for the day of observation to determine whether the entries are consistent with observation.
3. Habilitation center staff assigned to conduct the audit shall complete the Levels of Supervision Quality Assurance Audit form and return it to the Quality Assurance Office.

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## QUALITY ASSURANCE AUDIT

### LEVELS OF SUPERVISION

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**Habilitation Center:** \_\_\_\_\_

**Consumer's Name :** \_\_\_\_\_ **ID Number:** \_\_\_\_\_

**Observation Location:** \_\_\_\_\_

**Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_

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#### 1. Behavioral Risk Screening or Integrated Risk Assessment:

Date last BRS or IRA completed: \_\_\_\_\_ Date reviewed by ID team: \_\_\_\_\_

Was the last BRS or IRA completed within three (3) months of the preceding one?

Circle One: **YES**      **NO**      **N/A**

#### 2. Program Record:

What level of supervision does the program record specify?

Circle One:      **2:1**      **1:1**      **Close Proximity**      **Episodic 1:1**      **Not Specified**

Is the level of supervision specified in the program record consistent with the BRS or IRA?

Circle One: **YES**      **NO**      **N/A**      If "NO" or "N/A", please explain: \_\_\_\_\_

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Level of supervision specified by: (circle all that apply)

ID Team    **YES**      **NO**                      Physician's Order      **YES**      **NO**

#### 3. Shift Change Communication Sheet:

What level of supervision does the Shift Change Communication Sheet require?

Circle One:      **2:1**      **1:1**      **Close Proximity**      **Episodic 1:1**      **Not Specified**

Is the Shift Change Communication Sheet consistent with the program record and/or Physician's Order?

Circle One: **YES**      **NO**      **N/A**      If "NO" or "N/A", please explain: \_\_\_\_\_

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**4. Observation:**

Is the appropriate level of supervision provided? Circle One: **YES** **NO** **N/A**

If not, why not? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**5. Staff Interview:**

Does staff responsible for implementing the level of supervision know their assignment?

Circle One: **YES** **NO** **N/A**

Can assigned staff explain why the increased level of supervision is required?

Circle One: **YES** **NO** **N/A**

Can assigned staff explain what the particular level of supervision means? (i.e., define adequately to indicate sufficient knowledge to carry it out)

Circle One: **YES** **NO** **N/A**

**6. Staff Qualifications:**

Is there documentation that staff has received training on the consumer's current BSP?

Circle One: **YES** **NO** **N/A**

If assigned staff is a CAT, have they completed all training on the Client Attendant Trainee Checklist and been approved by the appropriate supervisor and manager to work with consumers at an increased level of supervision?

Circle One: **YES** **NO** **N/A**

**Signature of Reviewer:** \_\_\_\_\_

**Notify the supervisor immediately if consumer is not being provided the correct level of supervision.**

**Return completed form to quality assurance office.**



**Section III:**

**State Level  
Actions**

### SECTION III: STATE LEVEL ACTION

The *Habilitation Center Plan to Address Alleged Physical and Sexual Aggression* included discussion of a number of statewide issues that extend beyond the training, policy, and facility based quality assurance efforts described in Section III.

Prior to December 31, 2001, the habilitation centers had taken the following actions in the *Habilitation Center Plan to Address Alleged Physical and Sexual Aggression*.

- **Critical Component:** *Habilitation Center Superintendents and quality assurance staff reviewed practices related to how the centers' deal with various issues related to alleged sexual and physical aggression. They identified critical system components which need to be strengthened and identified strategies for addressing these areas.*
- **Facility Policies:** *Facility policies on issues related to alleged sexual and physical aggression have been collected and will be shared across facilities. This will form the basis for later development of standardized policy on related issues.*
- **Working Meetings:** *The Habilitation Center Superintendents and Quality Assurance Officers agreed to meet and work together toward the development of standardized policies, procedures, protocols and training plans to address these issues.*

The *Habilitation Center Plan to Address Alleged Physical and Sexual Aggression* includes reference to work that will continue in a number of areas as a part of the *Safety First* initiative. These areas are:

**1. Quality Assurance Trending and Analysis:** The division has begun the process of standardizing some quality assurance audit functions. Information about these audits can be found in Section II H of the *Safety First: 2002 Action Plan*. Each facility will conduct these audits, keep a facility specific database, and develop reports and recommendations for use within their facility. This section of the *Safety First* Plan addresses the need to analyze some of the information collected at the facilities at a statewide level, monitor progress over time and make any needed recommendations for change.

- *The Division will expand and standardize quality assurance audit functions with relation to the training and policy areas discussed above. Quality assurance staff will develop statewide trend reports and make recommendations to Division management based on these reports.*

- ***Incident and Injury Tracking:*** *The Division's QHAB group will work to develop a data based tracking system for sexual aggression and physical aggression beginning with changes to either the Department's Incident and Injury form or through use in all habilitation centers of an attached required Division form for this purpose. All habilitation centers shall maintain a data base on core data elements and shall develop facility trend reports. The QHAB group shall develop statewide trend reports.*

*The Division is participating in the development of standardized definitions for the collection of statewide data surrounding incidents and injuries of various types. (CIMOR) Upon completion, this information will be used to analyze trends and to identify problem situations earlier.*

- ***Incident and Injury Reporting:*** *The Division shall produce quarterly statewide trend reports through the work of the Division's QHAB group composed of one quality assurance staff person from each habilitation center. QHAB shall make recommendations to division management based on trend reports.*
- ***Abuse/Neglect Prevention:*** *The Division will develop policy, training, and quality assurance audits in the area of abuse/neglect prevention. This shall include development and delivery of training for consumers.*
- ***Rights Policy:*** *The Division shall undertake a review in the areas of rights, informed consent and due process. Quality assurance audits and training will be developed to support the policy initiative.*

## **2. ICF/MR Compliance:**

- ***Centers for Medicare and Medicaid Services (CMS) Training:*** *The Division worked with the CMS regional office to design and hold a meeting in Missouri on various issues relevant to the ICF/MR program. A one-day session on the "Seven Key Components for Abuse/Neglect Prevention" was held August 7, 2002. Representatives from each habilitation center participated in the meeting including individuals from Kansas, Iowa and Nebraska.*
- ***ICF/MR Database:*** *The Division has begun the development of an ICF/MR database that includes tag numbers cited in all state operated ICF/MR facilities. Upon completion, it will be used to track ICF/MR findings across state facilities. Reports will be developed that combine information from the database and analyses completed by the QHAB*

*group. The reports will include recommendations for addressing quality issues and will be forwarded to division management staff.*

- ***Networking Regarding ICF/MR:*** *The QHAB group shall network information regarding ICF/MR surveys particularly related to behavioral issues and rights. The Division will also disseminate information about national trends in these areas.*

*The Division shall hold and participate in conference calls with CMS federal officials and representatives of the National Association of Developmental Disabilities Directors (NASDDDS) to increase understanding of the ICF/MR standards.*

- ***Partnership with CMS:*** *The Division will maintain a close working relationship with the CMS regional office regarding the ICF/MR program, particularly with relation to supporting persons with forensic and significant behavioral support needs.*

**3. Ongoing Systems Analysis:** The framework for this initiative grew out of the analysis of concerns related to alleged physical and sexual aggression described above as critical component analysis. Policy areas expected to positively impact on these concerns became the outline for the Safety First work plan.

- ***Research and Recommendations:*** *The Habilitation Center Superintendents will research several related areas and develop a series of recommendations for the Division. This will include segregation of populations into locked homes or units, salary structure for direct support and licensed practical nurses, shift differential for the second shift, and court ordered admissions. The superintendents will analyze existing policies and systems, develop position papers on possible alternatives and project potential fiscal impact of these alternatives.*
- ***On-Going Systems Analysis:*** *The Habilitation Center Management Advisory Team that includes superintendents and quality assurance staff shall meet quarterly to provide ongoing analysis of policies, procedures and protocols intended to address the issues of physical aggression, sexual aggression, and sexual activity. They will review quality reports, analyze possible causes, and develop strategies to enhance systems.*

**4. Communication & Partnerships:** Dealing with consumers with significant behavioral support needs or forensic issues requires repeated interfacing with a number of other agencies and systems. To better address these issues, enhancing partnerships with other agencies takes on increased importance. The **2002 Safety First Action Plan** will include the development of partnerships with other agencies and organizations and concrete steps toward clarifying procedures, protocols, and policies with key partners.

- ***Partnerships with Other Agencies:*** *The Division will work with other agencies (i.e., courts, prison system, etc.) in developing and implementing plans to cooperatively address the needs of the forensic population. Where appropriate, the Division shall clarify procedures, protocols, and policies with key partners.*
- ***Partnerships with National Organizations:*** *The Division will develop and/or maintain close working relationships with national organizations with an interest in the ICF/MR program, quality assurance systems, and support for persons with significant behavioral support needs living in habilitation centers.*

# **Section IV:**

# **Appendices**

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# **SAFETY FIRST**

## **APPENDICES**

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**A. Executive Summary of the Habilitation Center Plan to Address  
Alleged Physical & Sexual Aggression (January 17, 2002)**

**Habilitation Center Plan to Address Alleged Physical & Sexual  
Aggression (February 3, 2002)**

**B. Department Operating Regulations 2.205 and 4.270**

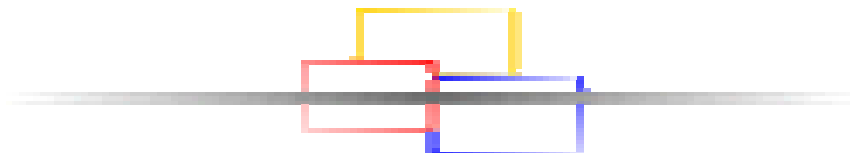
**C. Acronyms**

# Appendix A



## **Executive Summary of the Habilitation Center Plan to Address Alleged Physical & Sexual Aggression**

January 17, 2002  
February 3, 2002





## **Division of Mental Retardation and Developmental Disabilities**

### **EXECUTIVE SUMMARY of the Habilitation Center Plan to Address Physical and Sexual Aggression January 17, 2002**

**Safety is the Division's first priority:** The habilitation centers have in place a number of systems and practices that address consumer's sexual aggression. The Habilitation Center Superintendents have developed a Plan of Action to expand and enhance the Division's response to such issues and have formed a task force to implement the plan. This Plan of Action includes steps that were taken immediately as well as actions that will follow incrementally throughout the next four months.

**Status of Current System:** Existing, related systems, while not standardized, all address common issues in strikingly similar ways. These systems include the following.

- Risk assessment for residents with history of aggression,
- Criteria for placement at various levels of supervision;
- Continuous amendment of Individual Plans as incidents occur;
- Shift change reporting systems;
- Supervisory checks;
- Assignment of Administrator on Duty;
- Incident and injury reporting;
- Quality assurance auditing and review processes; and
- ICF/MR certification surveys.

**Immediate Action Steps to Strengthen Current System:** Habilitation Center Superintendents, by January 7, 2002, had:

- Established task force December 19, 2001 of habilitation center superintendents and quality assurance staff to develop and implement an Action Plan to address physical and sexual aggression.
- Conducted root cause analysis to determine areas needing strengthening;
- Developed standardized procedure on Reporting Alleged Sexual Aggression and Sexual Activity and trained staff on the implementation of the procedure;
- Conducted quality assurance audits of a sample of people living in habilitation centers needing a one-on-one level of supervision;
- Assessed risk for all new admissions with a history of forensic issues and have begun periodically reassessing all previously identified people;
- Identified people living in habilitation centers who are a potential risk to others and who need a 1:1 or line of sight level of supervision that are in locked and unlocked settings (See Attachments);
- Developed Action Plan to further address areas needing strengthening;

**Action Plan:** The Division District Deputy Directors have been charged with the responsibility of modifying, expanding, and reinforcing existing policies, procedures and protocols related to sexual abuse, sexual aggression, sexual activity and physical aggression. They will also write new policies, procedures and protocols as the need is identified in this intensive review. Further, all policies, procedures and protocols will be standardized across the state. All of these efforts will compose the *“2002 Safety First Action Plan”*, to further assure the safety of the residents in the Division’s habilitation centers. The Division District Deputy Directors will submit a joint progress report on the implementation of the *“2002 Safety First Action Plan,”* to the Division Director no later than April 15. Action steps will include persistent, concerted effort in addressing the following areas.

- **Training:** Standardized training packages will be developed for habilitation center management and direct support staff. Training will include shift change responsibilities, supervisory checks and procedures for timely reporting to the Administrator on Duty, health professionals, law enforcement and others as appropriate. Training will also include investigation procedures when sexual aggression or sexual activity is suspected, and victim response protocols.
- **Communication:** The Action Plan will incorporate concrete steps toward communicating and clarifying procedures, protocols, and policies with key partners including law enforcement and emergency room staff. Additionally, partnerships will be developed and enhanced with other agencies such as the courts and the prison system to better address the needs of the forensic population.
- **Documentation:** The Division will improve and require documentation on various related issues including incident and injury reporting, investigative reporting, shift change reporting, risk assessments, and evidence collection.
- **Strengthen Policy:** Standardized policy will be developed on the use of Client Attendant Trainees, particularly regarding residents requiring a one-to-one or line of sight level of supervision. Although strikingly similar facility policies already exist, the Division will standardize policies and procedures for victim response, sexual aggression investigation, levels of supervision, and incident and injury reporting. In addition, the Division will research several related areas and develop a series of recommendations. This will include segregation of populations into locked homes or units, salary structure for licensed practical nurses and developmental assistants, shift differential for the second shift, and court ordered admissions.
- **Quality Assurance:** The Division will expand and standardize quality assurance audit functions with relation to the training and policy areas discussed above. Quality assurance staff will develop a common tracking system for incident and injury reporting. Quality assurance staff will develop and implement an audit

protocol and procedure to periodically review all people receiving increased levels of supervision.

- **On-Going Systems Analysis:** The Habilitation Center Management Advisory Team that includes superintendents and quality assurance staff shall meet quarterly to provide ongoing analysis of policies, procedures and protocols intended to address the issues of physical and sexual aggression.

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## HABILITATION CENTER PLAN TO ADDRESS ALLEGED PHYSICAL & SEXUAL AGGRESSION

February 3, 2000

### Department of Mental Health Division of Mental Retardation and Developmental Disabilities

#### Introduction:

The habilitation centers have in place a number of systems and practices that address issues related to sexual abuse, sexual aggression and physical aggression. A brief summary of those systems is included below. In addition, the Habilitation Center Superintendents are undertaking development and implementation of a plan of action to expand and standardize statewide our response to these situations. This action plan includes steps that were taken immediately and others, which will follow incrementally throughout the next four months. Together these strategies will compose the Division's new initiative in habilitation centers, ***"2002 Safety First Action Plan"***.

#### Section I: Status of the Current System

Missouri's habilitation centers currently have a number of systems in place to address physical and sexual aggression. These existing systems, while not standardized across the state, all address common issues in very similar ways. Current systems include:

- A. **Risk Assessment:** All of the state's habilitation centers currently complete a risk assessment tool for residents with a history of physical or sexual aggression. These tools identify the level of risk and consequent level of supervision required for each individual. Some use the Missouri Department of Mental Health ***Integrated Risk Assessment Tool***. All of the tools used are very similar in content.
- B. **Level of Supervision:** All habilitation centers have a definition of the levels of supervision (ex, 1:1) and criteria for placement on those levels, which are used

consistently within that facility. The definitions and criteria are very similar across facilities.

- C. **Individual Plan & Behavioral Support Plan:** All habilitation centers have a system in place in their facility that addresses the need to amend the person's treatment plan continuously as incidents occur. All have time lines that are drawn from the federal ICF/MR (Intermediate Care Facility for the Mentally Retarded) standards.
- D. **Change of Shift:** All habilitation centers have a reporting system for shift change that has at least the following minimum elements.
1. Specific assignment identification;
  2. Specific assignment of staff to residents;
  3. Staff signature acknowledging understanding of the assignment;
  4. Description of any incidents or injuries;
  5. List of residents on home visits;
  6. Identification of residents who require one on one (1:1) staffing or more (ex, 2:1); and
  7. Employee's signature of shift change.
- E. **Supervisory Checks:** All habilitation centers have shift supervisors that make the rounds in living areas to monitor assignments, home and resident needs, and environmental issues.
- F. **Administrator on Duty:** Each center has a procedure for the assignment of administrative/management responsibility for the facility at all times. There is an identified, assigned staff person in this role on duty or on call twenty-four hours a day, seven days a week. Staff at the facility is notified who the assigned Administrator on Duty is and of how to contact this person. There is a clear line of administrative and supervisory authority at all times.
- G. **Incident and Injury:** All habilitation centers have a system in place that assures immediate notification of the supervisor in the event of allegations of alleged sexual abuse, sexual aggression and physical aggression and requires the reporting of specific types of incidents and injuries. Each facility has a policy on Incident and Injury that explicitly requires reporting. In addition, there is a Department Operating Regulation that includes report and investigation procedures
- H. **Quality Assurance Responsibilities:** The individual planning process is the subject of quality assurance audits at each facility. Quality assurance staff at each facility is involved in the review of behavioral support issues either through the review of plans, participation in committee meetings, review of meeting notes, or living unit observation. Quality assurance staff is also involved in the review of Incident and Injury data.

- I. **ICF/MR Certification:** All of the centers are certified to provide ICF/MR services and are consequently subject to surveys and close scrutiny by the state Division of Aging and the federal Centers for Medicare and Medicaid Services (CMS: formerly HCFA) survey staff. These standards deal explicitly and extensively with issues around individual plans, behavioral support and rights.
- J. **Security Staff:** The two largest habilitation centers (Marshall and Bellefontaine) have security staff on-site twenty-four hours a day, seven days a week.

Missouri's habilitation centers currently have numerous systems in place that address issues of sexual abuse, sexual aggression and physical aggression. While all of these policies and procedures are not standardized statewide, they all address common elements in strikingly similar ways. The similarity probably results largely from the fact that all must meet ICF/MR standards and that facilities have traditionally shared their policies and procedures freely with each other. The Division will take additional steps to standardize and expand protocols, policies and procedures related to this issue.

## **Section II:**

### **Immediate Action Steps to Strengthen Current System**

The Habilitation Center Superintendents, by December 31, 2001, had already undertaken numerous action steps to strengthen the current system. These included the following.

- A. **Critical Component Analysis:** Habilitation Center Superintendents and quality assurance staff reviewed practices related to how the center's deal with various issues related to sexual aggression and physical aggression. They identified critical system components areas which need to be strengthened and identified strategies for addressing these areas.
- B. **Standardized Procedure on Reporting Sexual Aggression and Sexual Activity:** The Habilitation Center Superintendents agreed on a standardized reporting procedure for incidents of alleged sexual aggression and sexual activity. This procedure is now being used in all of Missouri's habilitation centers. (The *Procedure on Reporting Alleged Sexual Abuse and Sexual Aggression* is included as Attachment B.)
- C. **Provided Staff Training on Reporting Sexual Abuse, Sexual Aggression and Sexual Activity:** All habilitation centers have trained all staff with treatment responsibilities on the agreed upon procedures for reporting incidents of alleged sexual abuse, sexual aggression and sexual activity.
- D. **Began Conducting Quality Assurance Audits:** Quality Assurance staff conducted audits of a sample of all people living in habilitation centers identified as needing a one on one (1:1) level of supervision. The audit process investigated

whether the individual was receiving the needed level of supervision and resulted in feedback to the individual's supervisor and the Superintendent of the Habilitation Center. Staff completed a minimum of a 10 % sample of all individuals requiring 1:1. Staff will conduct such an audit every quarter.

**E. Addressed Risk Assessment Issues:** The following steps in this area were taken at all habilitation centers.

1. **Training:** All habilitation centers that have not already done so, identified appropriately qualified clinicians to receive training on the use of the Missouri Department of Mental Health *Integrated Risk Assessment* tool. This training shall occur within the next month.
2. **New Admissions:** All habilitation centers shall begin using the Missouri Department of Mental Health *Integrated Risk Assessment Tool* for all new admissions of individuals with a history of forensic issues. Centers with trained staff shall implement this step immediately. Centers with staff needing training shall implement this step immediately following the training.
3. **Reassessment:** All periodic reassessment of previously identified individuals with a history of forensic issues shall utilize the Missouri Department of Mental Health *Integrated Risk Assessment Tool*. Centers with trained staff shall implement this step immediately. Centers with staff needing training shall implement this step immediately following the training.

**F. Risk Identification:** All habilitation centers submitted data to complete three charts.

- **People Living in Habilitation Centers Who Are a Risk to Others:** Each habilitation center reported the total number of people living in their facility in each of the following categories.
  1. Persons with a history of sexually assaultive behavior identified through the use of a risk assessment tool;
  2. Persons with a history of physical aggression identified through such sources as police reports, etc.; or
  3. Persons currently on 1:1 or line of sight status to prevent physical aggression to others.
- **People Living in Habilitation Centers Who Are a Risk to Themselves:** Each habilitation center reported the total number of people living in their facility in each of the following risk factor categories.
  1. Physical Risk: Including physical and sexual aggression.

2. Medical Risk: Due to the person's medical status.
3. Other Risk: Includes elopement, self-injurious behavior, Pica, etc.

- **People Living in Habilitation Centers Who Are On 1:1 and Line of Sight Status in Locked & Unlocked Settings:** All habilitation centers identified all persons on 1:1 and line of sight level of supervision who are on locked units/homes and unlocked units/homes.
- **Number of Locked Homes and People Living in Those Homes:** All habilitation centers identified the number of locked homes and the number of people living in these homes.

G. **Facility Policies:** Facility policies on issues related to sexual aggression and physical aggression have been collected and will be shared across facilities. This will form the basis for later development of standardized policy on related issues.

H. **Working Meetings:** The facility Superintendents and Quality Assurance Officers agreed to meet and work together toward the development of standardized policies, procedures, protocols and training plans to address these issues.

### **Section III: Follow-Up Action**

The Division District Deputy Directors have been charged with the responsibility of developing and implementing the ***"2002 Safety First Action Plan"*** to standardize various assessment, treatment and quality assurance functions statewide and to expand the scope of related training and practices with relation to physical aggression and sexual aggression and sexual activity. The Habilitation Center Superintendents and Quality Assurance Officers have met and begun addressing these issues. The Division District Deputy Directors will submit a joint progress report on the implementation of the ***"2002 Safety First Action Plan"*** to the Division Director no later than April 15, 2002. Action steps will include persistent, concerted effort in the following areas.

A. **Training:** Standardized training packages will be developed for habilitation center management and direct support staff. Training content will include numerous issues related to providing support sufficient to adequately safeguard residents. This shall include:

1. **Shift Change Responsibilities:** Supervisory and direct support staff shall receive training in the core responsibilities that must occur at all habilitation centers at shift change. Training will include information on the use of any protocols, checklists, or report forms designed for this purpose.



2. **Supervisory Checks:** Supervisory and management staff shall receive training on the core responsibilities that must occur at all habilitation centers when the supervisor makes rounds, the frequency of rounds, and the use of any checklists or report forms designed for this purpose.
3. **Reporting:** Management, supervisory and direct support staff shall receive training on reporting requirements related to any unusual incidents or injuries, particularly in cases of alleged physical aggression, sexual abuse and sexual aggression. Topics covered shall include notification of the habilitation center's Administrator on Duty, health professionals, police, guardians, and others as appropriate.
4. **Investigative Procedures for Alleged Sexual Abuse and Sexual Aggression:** All habilitation centers have policies, procedures and staff training in place related to reporting incidents and injuries. Some have had investigative training specific to sexual aggression. The Division shall arrange for appropriate training on investigating sexual abuse and sexual aggression for all habilitation centers that have not already participated in this training. Additionally, all appropriate staff shall receive training on core elements of investigation that will be common across all habilitation centers.
5. **Victim Response Protocols:** Staff will receive training on uniform protocols that will be developed to assure a consistent and supportive response to victims of sexual abuse, sexual aggression and physical aggression living in habilitation centers. Training content will include attention to the victim's physical and mental health needs.
6. **Uniform Definitions and Criteria for Levels of Supervision:** Management, supervisory and direct support staff shall receive training on the standardized definitions for Levels of Supervision and on the criteria for placement at those levels.
7. **Centers for Medicare and Medicaid Services (CMS) Training:** The Division shall work with the CMS regional office to design and hold a conference in Missouri on various issues relevant to the ICF/MR program. This shall include a one-day session on the "*Seven Key Components for Abuse/Neglect Prevention*". All habilitation centers shall participate in this conference and attend the abuse/neglect training at the conference.
8. **Rights, Informed Consent, and Due Process:** Appropriate habilitation center staff shall receive training on rights, informed consent and due process related to programming for persons with significant behavioral support needs.

**B. Communication:** The “*2002 Safety First Action Plan*” will include the development of partnerships with other agencies and organizations and concrete steps toward clarifying procedures, protocols, and policies with key partners.

- 1. Partnerships with Other Agencies:** The Division will work with other agencies (i.e., courts, prison system, etc.) in developing and implementing plans to cooperatively address the needs of the forensic population. Where appropriate, the Division shall clarify procedures, protocols, and policies with key partners.
- 2. Partnership with CMS:** The Division will maintain a close working relationship with the CMS regional office regarding the ICF/MR program, particularly with relation to supporting persons with forensic and significant behavioral support needs.
- 3. Partnerships with National Organizations:** The Division will develop and/or maintain close working relationships with national organizations with an interest in the ICF/MR program, quality assurance systems, and support for persons with significant behavioral support needs living in habilitation centers.

**C. Documentation:** The Division will require common elements be documented in specific types of situations. This shall include:

- 1. Incident and Injury Reporting:** The Division shall standardize core reporting requirements related to Incident and Injury documentation and shall produce quarterly statewide trend reports through the work of the Division’s QHAB group composed of one quality assurance staff person from each habilitation center. QHAB shall make recommendations to Division management based on trend reports.
- 2. Shift Change Reporting:** The Division shall establish core elements that must be documented at each shift change in all habilitation centers.
- 3. Risk Screening and Assessment:** The Division shall require completion of risk screening and risk assessment tools and, as appropriate, shall assure use of information obtained from these by the Interdisciplinary Team in program planning.
- 4. Investigation and Evidence Document:** The Division shall require all habilitation centers to use a standardized checklist to document that all policies and procedures and regulations related to reporting and inves-

tigation of alleged sexual abuse, sexual aggression and sexual activity are followed.

- D. **Strengthen Policy:** Although strikingly similar facility policies already exist, the Division shall standardize policies, procedures and protocols in a number of areas. In addition the Division shall research several areas that might be expected to have some impact on physical and sexual aggression and develop a series of recommendations.

**1. Standardization of policies, procedures and protocols shall include:**

- **Use of Client Attendant Trainees (CATs):** Habilitation center policies gathered and networked during the Immediate Action Steps phase will be reviewed and a standardized policy shall be developed on the use of CATs. The policy shall delineate a decision making process for determining when a CAT can work alone without other staff present and when they meet criteria to provide a one on one level of supervision for a resident. Habilitation centers shall train staff on implementation of the uniform policy.
- **Victim Support Procedures:** Uniform protocols will be developed to assure a consistent and supportive response to victims of sexual abuse or sexual aggression living in habilitation centers. The protocol will assure that the victim's physical and mental health needs are addressed as well as the victim's desire/need to move from the situation.
- **Investigating Alleged Sexual Aggression and Sexual Activity:** The Habilitation Center Superintendents shall develop uniform policies, procedures, and protocols related to investigating alleged sexual aggression and sexual activity. The centers will then provide training for staff on the implementation of these policies, procedures, and protocols.
- **Uniform Definitions & Criteria for Placement for Levels of Supervision:** Habilitation center policies have been gathered and networked and will be reviewed and a standardized policy shall be developed which defines the Levels of Supervision and which identifies the criteria for placement at each of these levels. Habilitation centers shall train staff on implementation of the uniform policy.
- **Incident and Injury Reporting:** Habilitation Center Superintendents shall finalize a standardized Incident and Injury reporting form and procedure for use in all habilitation centers. Training

will be provided on the use of the form and the implementation of the procedure.

- **Behavioral Risk Screening:** The Division will develop a Behavioral Risk Screening instrument for use in all habilitation centers.
- **Rights, Informed Consent & Due Process:** The Division will develop policies and procedures related to rights, informed consent and due process for persons with significant behavioral support needs living in habilitation centers.

## **2. Research and recommendation development will include**

The Habilitation Center Superintendents will research several related areas and develop a series of recommendations for the Division Deputy Directors. This will include segregation of populations into locked homes or units, salary structure for direct support and LPs, shift differential for second shift, and court ordered admissions.

**E. Quality Assurance:** The Division will expand and standardize quality assurance audit functions with relation to the training and policy areas discussed above. Quality assurance staff will develop statewide trend reports and make recommendations to Division management based on these reports.

**1. Incident and Injury Tracking:** The Division's QHAB group will work to develop a data based tracking system for sexual aggression and physical aggression beginning with changes to either the Department's Incident and Injury form or through use in all habilitation centers of an attached, required Division form for this purpose. All habilitation centers shall maintain a database on core data elements and shall develop facility trend reports. The QHAB group shall develop statewide trend reports.

**2. Standardized Quality Assurance Audit Protocols & Reporting:** Standardized quality assurance audits will be developed to determine whether

- Risk assessment tools are being used under appropriate circumstances,
- Identification of persons at risk and incidents of aggression result in an Interdisciplinary Team review to determine whether individual plan amendments are needed,
- Behavioral support plans are implemented,
- Levels of supervision are implemented, and
- Incidents of alleged sexual abuse, sexual aggression, sexual activity and physical aggression are reported and addressed.

Data will be reviewed at regularly occurring meetings of the habilitation center quality assurance staff (QHAB) and reported to appropriate management staff.

**3. Rights, Informed Consent & Due Process:** Quality assurance protocols and procedures shall be developed to audit due process when rights are limited for the purposes of behavioral programming.

**4. Networking Regarding ICF/MR:** The QHAB group shall network information regarding ICF/MR surveys particularly related to behavioral issues and rights. The Division will also disseminate information about national trends in these areas.

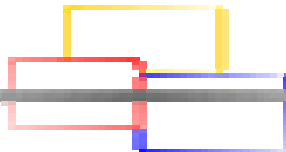
**F. On-Going Systems Analysis:** The Habilitation Center Management Advisory Team that includes superintendents and quality assurance staff shall meet quarterly to provide ongoing analysis of policies, procedures and protocols intended to address the issues of physical, sexual aggression and sexual activity.

# **Appendix B**

## **Department Operating Regulations**

**2.205 Abuse and Neglect Definitions, Investigation Procedures and Penalties**

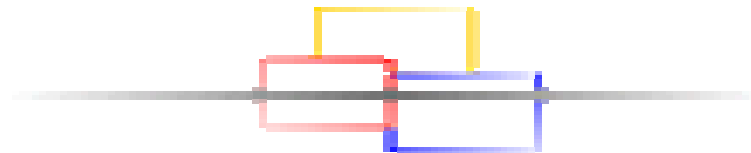
**4.270 Reporting & Recording Unusual Incidents**





# Appendix C

## Acronyms





# ACRONYMS

<b>BRS</b>	Behavioral Risk Screening
<b>BSP</b>	Behavior Support Plan
<b>CAT</b>	Client Attendant Trainee
<b>CIMOR</b>	Customer Information Management, Outcomes & Reporting
<b>CMS</b>	Centers for Medicare and Medicaid Services
<b>CO</b>	Central Office
<b>CPR</b>	Cardio-Pulmonary Resuscitation
<b>DMH</b>	Department of Mental Health
<b>DMRDD</b>	Division of Mental Retardation and Developmental Disabilities
<b>ICF/MR</b>	Intermediate Care Facilities for the Mentally Retarded
<b>ID Team</b>	Interdisciplinary Team
<b>iiTS</b>	Incident and Investigation Tracking System
<b>IP</b>	Individual Plan
<b>IRA</b>	Integrated Risk Assessment
<b>QHAB</b>	Quality Habilitation (Statewide group of habilitation center quality assurance staff)
<b>2:1</b>	Two to one (Two staff to one consumer)
<b>1:1</b>	One to one (One staff to one consumer)